

Request for Prior Authorization Nocturnal Polyuria Treatments

(PLEASE PRINT – ACCURACY IS IMPORTANT)

Diagnosis: _____

Was diagnosis confirmed by a 24-hour collection which notes 33% of 24-hour urine production occurring at night? Yes (attach results) No

Initial Requests:

Does patient waken at least 2 times at night to void? Yes No

Has patient attempted fluid restriction in the evenings without improvement in nocturnal polyuria?
 Yes No

Is patient taking a diuretic in the evening? Yes No

Does patient have any of the following contraindications? Yes No

- Current or previous history of hyponatremia
- Primary nocturnal enuresis
- Polydipsia
- Concomitant use with loop diuretics, systemic or inhaled glucocorticoids
- Known or suspected syndrome of inappropriate antidiuretic hormone (SIADH) secretion
- Estimated glomerular filtration rate < 50 mL/min/1.73 m²
- Illnesses that can cause fluid or electrolyte imbalance
- New York Heart Association (NYHA) Class II-IV congestive heart failure
- Uncontrolled hypertension

Renewal Requests (all criteria above, plus the following):

Has patient experienced a decrease in nocturnal voiding? Yes No

Is there evidence of toxicity (e.g., hyponatremia, fluid retention, or electrolyte imbalance)?
 Yes No

Attach lab results and other documentation as necessary.

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| Prescriber signature (Must match prescriber listed above.) | Date of submission |
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IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.