

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION

**SAMSCA (tolvaptan)**

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_

Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_

Requested Medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency/Day: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

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**FAX DOCUMENTATION FROM PROGRESS NOTES AND THIS COMPLETED  
FORM TO 855-828-4992**

**CRITERIA:**

- Documentation that therapy was initiated in the hospital.
- Documentation that Samsca is required for hypervolemic or euvolemic hyponatremia associated with heart failure, cirrhosis, or SIADH
- Documentation that serum sodium  $\leq 125\text{mEq/L}$
- Documentation that hyponatremia is symptomatic if serum sodium  $> 125\text{mEq/L}$   
AND documented failure of other treatment strategies including but not limited to:
  - documented failure of fluid restriction
  - documented failure of salt administration (for euvolemic hyponatremia only)
  - documented failure of demeclocycline (for SIADH only)
- Evidence is required that the underlying disease state causing the hyponatremia is being adequately treated.
- Dose limited to 60mg daily.

**AUTHORIZATION:**

Initial authorization will be granted for 60 days.

**RE-AUTHORIZATION:**

Subsequent authorizations will only be granted by petition to the DUR Board.

07/14/2011

<https://medicaid.utah.gov/pharmacy/>