PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Nocdurna (desmopressin acetate)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Nocdurna is a vasopressin analog initially approved by the FDA in 2018. It is indicated for the treatment of nocturia due to nocturnal polyuria in adults who awaken at least two times per night to void.
Nocturnal polyuria is the most frequent cause of nocturia. It is thought to result from an abnormality of the circadian rhythm of secretion of the antidiuretic hormone, arginine vasopressin (AVP). The antidiuretic effects of Nocdurna are mediated by stimulation of vasopressin 2 (V2) receptors, thereby increasing water re-absorption in the kidneys, and reducing urine production.

Nocdurna (desmopressin acetate) will be considered for coverage when the following criteria are met:

Nocturia (Due to Nocturnal Polyuria)

For **initial** authorization:

1. Member is 18 years of age or older; AND
2. Member has documented history of at least two nocturic episodes per night; AND
3. Member has documentation of 24-hour urine frequency/volume chart where night-time urine production exceeds **ONE** of the following:
   a) ≤ 65 years of age: 20% of the total 24-hour urine production
   b) > 65 years old: 33% of the total 24-hour urine production; AND
4. Member has documented normal serum sodium concentrations within 1 month prior to initiating therapy per chart notes; AND
5. Member has tried and failed non-pharmacologic interventions for at least one month (such as minimizing fluid intake 2 hours before going to bed, weight loss if obese, avoiding use of nighttime diuretics, etc.);
6. Member is not using Nocdurna in combination with loop diuretics or with systemic or inhaled glucocorticoids; AND
7. Provider attests member does **NOT** have any of the following:
   a) Heart failure;
   b) Uncontrolled hypertension;
   c) Polydipsia;
   d) Renal impairment with an estimated glomerular filtration rate (eGFR) below 50 mL/min/1.73 m^2;
   e) Gastroenteritis, salt-wasting nephropathies, or acute systemic infection;
   f) Known or suspected syndrome of inappropriate antidiuretic hormone (SIADH) secretion.
8. **Dosage allowed/Quantity limit:** Females: 27.7 mcg once daily one hour before bedtime, Males: 55.3 mcg once daily one hour before bedtime. Quantity limit: 30 sublingual tablets per 30 days.

If all the above requirements are met, the medication will be approved for 3 months.

For **reauthorization**:

1. Chart notes must show improvement or stabilized signs and symptoms of condition, demonstrated by reduction in nocturnal voids.
2. Member has normal serum sodium concentration labs submitted with chart notes.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Nocdurna (desmopressin acetate) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
04/21/2022	New policy for Nocdurna created.
12/30/2025	Added references; replaced one third night-time urine production with 20-33% based on age; removed appendix and added examples into criteria for non-pharmacological interventions; removed (New York Heart Association Class II to IV) from heart failure exclusion; added provider attestation to list of exclusions

References:

1. Nocdurna [package insert] Parsippany, NJ: Ferring; 2020
2. Weiss JP, Everaert K. Management of nocturia and nocturnal polyuria. Urology. 2019;133S:24-33.
3. Mathias O, et al. A practical approach to the management of nocturia. Int J Clin Pract. 2017. 71(11):e13027.
4. Nguyen LN, Randhawa H, Nadeau G, et al. Canadian Urological Association best practice report: Diagnosis and management of nocturia. *Can Urol Assoc J*. 2022;16(7):E336-E349. doi:10.5489/cuaj.7970

Effective date: 07/01/2026
Revised date: 12/31/2025