CareSource

PHARMACY POLICY STATEMENT **Indiana Medicaid**	
DRUG NAME	Noctiva (desmopressin acetate) intranasal 0.83 mcg/0.1 mL and 1.66 mcg/0.1 mL
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— 3.8 g per 30 days
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Noctiva (desmopressin acetate) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

NOCTURIA (DUE TO NOCTURNAL POLYURIA)

For **initial** authorization:

1. Member is 50 years of age or older; AND
2. Member has documented six-month history of at least **two** nocturic episodes per night; AND
3. Member has documentation of at least 6 nights of 24-hour urine frequency/volume chart where night-time urine production exceeding one-third of the total 24-hour urine production; AND
4. Member has documented normal serum sodium concentrations prior to initiating therapy and there is **no** history of hyponatremia per chart notes; AND
5. Member is **not** using Noctiva in combination with loop diuretics or with systemic or inhaled glucocorticoids; AND
6. Member does **not** have ANY of the following:
   a) Congestive heart failure (New York Heart Association Class II to IV);
   b) Uncontrolled hypertension;
   c) Polydipsia;
   d) Renal impairment with an estimated glomerular filtration rate (eGFR) below 50 mL/min/1.73 m^2.
7. **Dosage allowed:** For patients < 65 years of age who are not at increased risk for hyponatremia: Use one spray of 1.66 mcg in either nostril nightly approximately 30 minutes before going to bed. For patients ≥ 65 years of age or younger patients at risk for hyponatremia: Use 0.83 mcg nightly, which can be increased to one spray of 1.66 mcg after at least 7 days, if needed, provided the serum sodium has remained normal.

If member meets all the requirements listed above, the medication will be approved for 3 months.

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Member has normal serum sodium concentrations labs submitted with chart notes.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 3 months.

CareSource considers Noctiva (desmopressin acetate) intranasal not medically necessary for the treatment of the following disease states based on a lack of

robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Nocturnal Enuresis
- Syndrome Of Inappropriate Antidiuretic Hormone Secretion (SIADH)

DATE	ACTION/DESCRIPTION
06/12/2017	New policy for Noctiva created.

References:

1. Noctiva [package insert]. Milford, PA; Serenity Pharmaceuticals, LLC: March, 2017. Accessed on April 24, 2017.

Effective date: 01/01/2018
Revised date: 06/12/2017