Clinical Policy Title:	desmopressin acetate
Policy Number:	RxA.094
Drug(s) Applied:	Nocdurna®, Noctiva™
Original Policy Date:	02/07/2020
Last Review Date:	01/17/2022
Line of Business Policy Applies to:	All lines of business

Background

Desmopressin acetate (Nocdurna®, Noctiva™) is a synthetic vasopressin analog.

Nocdurna® and Noctiva™ are indicated for the treatment of nocturia due to nocturnal polyuria in adults who awaken at least 2 times per night to void.

Noctiva™ has not been studied in patients less than 50 years of age.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
desmopressin sublingual tablet (Nocdurna®)	Nocturnal polyuria	Women: 27.7 mcg orally once daily one hour before bedtime Men: 55.3 mcg orally once daily one hour before bedtime	Women: 27.7 mcg/day; Men: 55.3 mcg/day
desmopressin nasal spray (Noctiva™)	Nocturnal polyuria	One spray in either nostril approximately 30 minutes before bedtime; dose varies by age and hyponatremia risk: Patients < 65 years without risk for hyponatremia: 1.66 mcg/spray in either nostril Patients ≥ 65 year or at risk for hyponatremia: 0.83 mcg/spray (may titrate to 1.66 mcg after at least 7 days with normal sodium levels	1.66 mcg/day

Dosage Forms

- desmopressin sublingual tablet (Nocdurna®): Sublingual tablets - 27.7 mcg, 55.3 mcg

- desmopressin nasal spray (Noctiva™): Nasal spray - 3.5 mL bottle (30 effective 0.1 mL doses of either 0.83 mcg or 1.66 mcg)

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage**.**

I. Initial Approval Criteria

A. Nocturia (must meet all):

1. Diagnosis of nocturia due to nocturnal polyuria;
2. Prescribed by or in consultation with a urologist, nephrologist, geriatrician, or endocrinologist;
3. Request meets one of the following (a or b):
   a. If the request is for Noctiva™ patient is > 50 years;
   b. If the request is for Nocdurna® patient is ≥ 18 years;
4. Member has normal serum sodium concentration (135 to 145 mmol/L) prior initiation of therapy;
5. Member awakens at least two times per night to void;
6. Prescriber has verified that the individual does not have the following conditions/circumstances in which use of Noctiva is not recommended (a, b, c, d or e):
   a. Currently receiving loop diuretics (e.g., furosemide, torsemide, bumetanide);
   b. Currently receiving systemic or inhaled glucocorticoids;
   c. Renal impairment with an estimated glomerular filtration rate < 50 mL/min/1.73 m2; OR iv. New York Heart Association class II to IV congestive heart failure;
   d. Polydipsia;
   e. Known or suspected syndrome of inappropriate antidiuretic hormone secretion;
7. Request is for Nocdurna® or Noctiva™;
8. Dose does not exceed one of the following (a or b):

a. Nocdurna®: 1 tablet per day (27.7 mcg for women, 55.3 mcg for men);
b. Noctiva™: 1.66 mcg per day (1 bottle per 30 days).

Approval Duration
Commercial: 12 months
Medicaid: 12 months

I. Continued Therapy Approval

A. All Indications in Section I (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. For Nocdurna®, Noctiva™: Member has normal serum sodium concentration (135-145 mmol/L);
4. If request is for a dose increase, new dose does not exceed (a, b, or c):
   a. Nocdurna®: 1 tablet per day (27.7 mcg for women, 55.3 mcg for men);
   b. Noctiva™: 1.66 mcg per day (1 bottle per 30 days).

Approval Duration
Commercial: Nocdurna®/Noctiva™: 12 months
Medicaid: Nocdurna®/Noctiva™: 12 months

II. Appendices

APPENDIX A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
VWD: von Willebrand disease
eGFR: estimated glomerular filtration rate
SIADH: syndrome of inappropriate antidiuretic hormone

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
desmopressin acetate oral tablets	0.05 mg orally twice a day, titrated to a maintenance dose in the range of 0.1-1.2 mg divided into 2-3 daily doses as needed to obtain adequate antidiuresis	1.2 mg/day

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only.

APPENDIX C: Contraindications/Boxed Warnings
- Contraindication(s):
  - Noctiva™: Primary nocturnal enuresis; hyponatremia or a history of hyponatremia; polydipsia; concomitant use with loop diuretics or systemic/inhaled glucocorticoids; renal impairment with an estimated glomerular filtration rate (eGFR) below 50 mL/min/1.73 m^2; known or suspected syndrome of inappropriate antidiuretic hormone (SIADH) secretion, during illnesses that can cause fluid or electrolyte imbalance, such as gastroenteritis, salt-wasting nephropathies, or systemic infection; congestive heart failure (New York Heart Association class II to IV); uncontrolled hypertension;
  - Nocdurna®: Hyponatremia or a history of hyponatremia; polydipsia; concomitant use with loop diuretics or systemic/inhaled glucocorticoids; renal impairment with an eGFR below 50 mL/min/1.73 m^2; syndrome of inappropriate antidiuretic hormone (SIADH) secretion, during illnesses that can cause fluid or electrolyte imbalance, heart failure; uncontrolled hypertension.

- Boxed Warning(s):
  - Nocdurna® and Noctiva™: Hyponatremia.

*Contraindications listed reflect direct statements made in manufacturer's package insert; for additional uses, warnings, and precautions, please refer to clinical guidelines.

APPENDIX D: General Information
- The American Urology Association defines nocturnal polyuria as the production of greater than 20 to 33% of total 24-hour urine output during the period of sleep, which is age-dependent with 20% for younger individuals and 33% for elderly individuals.
- Nocturnal polyuria was defined in the Noctiva™ clinical trials as night-time urine production exceeding one-third of the 24-hour urine production.
- Noctiva™ is contraindicated in the treatment of primary nocturnal enuresis because of reports of hyponatremic-related seizures in pediatric patients treated with other intranasal forms of desmopressin. Desmopressin acetate tablets, however, are FDA-approved for this use.

References

1. DDAVP® Injection Prescribing Information. Parsippany, NJ: Ferring Pharmaceuticals; July 2021. Available at: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=651f6fee-a2c7-431b-8d5d-58b156c72244&type=display. Accessed December 06, 2021.
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3. Noctiva™ Prescribing Information. Chesterfield, MO: Avadel Specialty Pharmaceuticals, LLC; March 2017. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/201656lbl.pdf. Accessed December 06, 2021.
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6. Srivastava A, Brewer AK, Mauser-Bunschoten EP, et al. Guidelines for the management of hemophilia. Haemophilia. Jan 2013; 19(1): e1-47. Available at: https://pubmed.ncbi.nlm.nih.gov/22776238/. Accessed December 06, 2021.
7. Medical and Scientific Advisory Council (MASAC) of the National Hemophilia Foundation (NHF): Database of treatment guidelines. Available at: https://www.hemophilia.org/Researchers-Healthcare-Providers/Medical-and-Scientific-Advisory-Council-MASAC/MASAC-Recommendations. Accessed December 06, 2021.
8. Clinical Pharmacology [database online] powered by ClinicalKey. Tampa, FL: Elsevier, 2020. Available at: http://www.clinicalkey.com. Accessed December 06,2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed: 1. Clinical policy title was updated. 2. Line of business policy applies to was updated to all lines of business. 3. Initial and continued approval criteria was updated to include “Member has normal serum sodium concentration prior to initiation of therapy”. 4. Continued therapy criteria II.A.1 was rephrased to “Member is currently receiving medication..”. 5. References were reviewed and updated.	02/12/2021	03/09/2021
Policy was reviewed: 1. Drugs applied, Background, Dosing Information, Dosage	12/06/2021	01/17/2022

forms, Clinical Policy, Appendix A, Appendix C updated to remove information about DDAVP® and Stimate® as they no longer require prior authorization. 2. Statement about provider sample ‘‘The provision of provider samples does not guarantee coverage…” was added to Clinical Policy. 3. Initial Approval Criteria, I.A.3: Updated age criteria from Age is ≥ 18 years to Request meets one of the following (a or b): a. If the request is for Noctiva™ patient is > 50 years; b. If the request is for Nocdurna patient is ≥ 18 years; 4. Initial Approval Criteria I.A.2 was updated to add , Prescribed by or in consultation with a urologist, nephrologist, geriatrician, or endocrinologist; 5. Initial Approval Criteria I.A 5 was updated to add, Member awakens at least two times per night to void; 6. Initial Approval Criteria I.A.6 was updated to add, Prescriber has verified that the individual does not have the following conditions/circumstances in which use of Noctiva is not recommended (a, b, c, d or e): a. Currently receiving loop diuretics (e.g., furosemide, torsemide, bumetanide); b. Currently receiving systemic or inhaled glucocorticoids;		

c. Renal impairment with an estimated glomerular filtration rate < 50 mL/min/1.73 m2; OR iv. New York Heart Association class II to IV congestive heart failure; d. Polydipsia; e. Known or suspected syndrome of inappropriate antidiuretic hormone 7. Appendix A: Updated to include abbreviations eGFR and SIADH. 8. Appendix B: Updated: Statement about drug listing format in Appendix B is rephrased to "Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand; Brand name® when the drug is available by brand only and generic name when the drug is available by generic only". 9. Disclaimer about contraindications," Contraindications listed reflect statements made in the manufacturer's package insert.." was added to Appendix C. 10. References were reviewed and updated.		