PRIOR AUTHORIZATION POLICY

POLICY: Desmopressin Products – Nocdurna Prior Authorization Policy
- Nocdurna® (desmopressin acetate sublingual tablets [27.7 mcg and 55.3 mcg] – Ferring)

REVIEW DATE: 12/11/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Nocdurna, a vasopressin analog, is indicated for the treatment of **nocturia due to nocturnal polyuria** in adults who awaken at least two times per night to void.[1] Before initiating therapy, it is recommended that the diagnosis of nocturnal polyuria has been confirmed with a 24-hour urine collection.

Disease Overview

Nocturnal polyuria is defined as nocturnal urine volume exceeding 33% of the total 24-hour urine volume in patients ≥ 65 years of age or exceeding 20% of 24-hour urine volume in younger patients.[2] Nocturnal polyuria may improve via lifestyle and behavior modifications, which should be implemented prior to pharmacotherapy.[3] Such modifications include minimizing fluid intake before bed (particularly caffeine and alcohol), restriction of total fluid consumption, emptying the bladder before bed, increasing exercise and fitness levels, earlier dosing of medications such as diuretics, and elevating the legs above heart level for a few hours before going to bed (for patients with peripheral edema).

Safety

Nocdurna has a Boxed Warning regarding hyponatremia.[1] Use of Nocdurna is contraindicated in patients at increased risk of severe hyponatremia such as patients with excessive fluid intake, illness that may cause fluid or electrolyte imbalances, and in patients using loop diuretics or systemic or inhaled glucocorticoids. It is recommended to check

serum sodium concentrations prior to initiating or resuming Nocdurna and throughout treatment. If hyponatremia occurs, Nocdurna may need to be temporarily or permanently discontinued. Nocdurna is contraindicated in patients with hyponatremia or among those with a history of hyponatremia.[1] Also, patients with polydipsia should not use Nocdurna. Do not administer Nocdurna concomitantly with loop diuretics or with systemic or inhaled glucocorticoids. Patients with renal impairment with an estimated glomerular filtration rate < 50 mL/min/1.73 m^2 should not use Nocdurna. Those with known or suspected syndrome of inappropriate antidiuretic hormone secretion should not use Nocdurna. Do not utilize Nocdurna during illnesses that may cause fluid or electrolyte imbalance, such as gastroenteritis, salt-wasting nephropathies, or systemic infection. Nocdurna is contraindicated in patients with heart failure or among those with uncontrolled hypertension because the fluid retention in these conditions increases the risk of worsening the underlying condition. Also, Nocdurna is not recommended in patients at risk for increased intracranial pressure or those with a history of urinary retention. Trials involving Nocdurna have not included pediatric patients.

Guidelines
A consensus statement on the diagnosis and treatment of nocturia was published by the International Continence Society in 2019.[2] There was consensus that fluid restriction should be advised for all desmopressin-treated patients. Newer desmopressin formulations, including Nocdurna and Noctiva® (desmopressin acetate nasal spray), are generally regarded as low-dose desmopressin products. Low-dose formulations are appropriate in the absence of contraindications to desmopressin therapy.

POLICY STATEMENT
Prior Authorization is recommended for prescription benefit coverage of Nocdurna. All approvals are provided for the duration noted below. Due to the specialized skills required for evaluation and diagnosis of patients treated with Nocdurna, as well as the monitoring required for adverse events and long-term efficacy, approval requires Nocdurna to be prescribed by or in consultation with a physician who specializes in the condition being treated.

- **Nocdurna® (desmopressin acetate sublingual tablets [27.7 mcg and 55.3 mcg] – Ferring)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Nocturia due to Nocturnal Polyuria.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, E, F, and G):
   A) Patient is ≥ 18 years of age; AND
   B) The diagnosis of nocturnal polyuria has been confirmed with a 24-hour urine collection before treatment initiation AND the patient meets ONE of the following (i or ii):
      i. Patient is < 65 years of age: The nocturnal urine volume exceeds 20% of the total 24-hour urine volume; OR
      ii. Patient is ≥ 65 years of age: The nocturnal urine volume exceeds 33% of the total 24-hour urine volume; AND
   C) Prior to desmopressin therapy, patient awakens at least two times per night to void; AND

D) Patient has serum sodium concentrations within the normal range (135 to 145 mmol/L); AND

E) Prescriber has verified that the patient does not have the following conditions/circumstances in which use of Nocdurna is not recommended (i, ii, iii, iv, v, or vi):
- **i.** Currently receiving loop diuretics; OR
  Note: Examples of loop diuretics include furosemide, torsemide, bumetanide.
- **ii.** Currently receiving systemic or inhaled glucocorticoids; OR
- **iii.** Renal impairment with an estimated glomerular filtration rate < 50 mL/min/1.73 m^2; OR
- **iv.** Heart failure; OR
- **v.** Polydipsia; OR
- **vi.** Known or suspected syndrome of inappropriate antidiuretic hormone secretion; AND

F) Patient has tried non-pharmacologic techniques or lifestyle interventions to manage the nocturia; AND
Note: Examples of non-pharmacologic techniques for nocturia include nighttime fluid restriction, avoidance of caffeine and alcohol, earlier timing of medications, leg elevation, or use of compression stockings.

G) The medication is prescribed by or in consultation with a nephrologist, urologist, geriatrician, or endocrinologist.

CONDITIONS NOT COVERED

- **Nocdurna® (desmopressin acetate sublingual tablets [27.7 mcg and 55.3 mcg] – Ferring)**

is(are) considered experimental, investigational, or unproven for ANY other use(s).

REFERENCES

1. Nocdurna® sublingual tablets [prescribing information]. Ewing, NJ: Antares; November 2020.
2. Everaert K, Hervé F, Bosch R, et al. International Continence Society consensus on the diagnosis and treatment of nocturia. *Neurourol Urodyn*. 2019;38(2):478-498.
3. Weiss JP, Everaert K. Management of nocturia and nocturnal polyuria. *Urology*. 2019;133S:24-33.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	11/15/2023
Annual Revision	No criteria changes.	12/11/2024

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