

SmartPA Criteria Proposal

Drug/Drug Class:	Nocturnal Polyuria Clinical Edit
First Implementation Date:	August 22, 2019
Proposed Date:	March 18, 2021
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: Ensure appropriate utilization and control of agents for Nocturnal Polyuria

Why Issue Selected: Nocturia is the need to wake up to urinate during the night; Nocturnal polyuria (NP) is the leading cause of nocturia, present in up to 88% of nocturia patients. With NP, the kidneys overproduce urine at night causing nighttime awakenings to empty the bladder (at least 2 instances per night). NP occurs when the volume of nighttime urine production by the kidney exceeds > 1/5 of daily urine total in patients less than 65 years old or > 1/3 of daily urine in patients greater than 65 years old. NP is also present in a majority of patients with overactive bladder or benign prostatic hyperplasia (BPH). Nocurna® is FDA approved for the treatment of NP in adults who awaken at least 2 times per night to void.

Program-Specific Information:	Date Range FFS 1-1-2020 to 12-31-2020		
	Drug	Claims	Cost per month (WAC)
	NOCDURNA 27.7 MCG TAB SL	0	\$461.96 per 30 tablets
	NOCDURNA 55.3 MCG TAB SL	0	\$461.96 per 30 tablets

Type of Criteria: Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit

Data Sources: Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Nocturnal Polyuria Agents
- Age range: All appropriate MO HealthNet participants aged 18 years or older

Approval Criteria

- Participant aged 18 years or older **AND**
- Documented diagnosis of nocturnal polyuria **AND**
- For the first claim of a nocturnal polyuria agent: documented therapeutic trial of generic desmopressin (trial defined as 45/60 days)

Denial Criteria

- Therapy will be denied if all approval criteria are not met
- Documented diagnosis of polydipsia in the past 12 months
- Documented **or-inferred** diagnosis of heart failure
- Claim for any loop diuretic in the past 45 days
- Claim for any oral or inhaled corticosteroid in the past 45 days

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception code "0682" (Clinical Edit)
Rule Type: CE

Default Approval Period

1 year

References

- NOCDURNA® (desmopressin acetate) sublingual tablets [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; June 2018.
- Ferring Pharmaceuticals Inc. Nocturnal Polyuria – Treat Nocturia due to Nocturnal Polyuria in Adults. <https://nocturnalpolyuria.com/>. Accessed February 12, 2021.
- IPD Analytics. Urology: Overactive Bladder and Frequent Nightly Urination. Accessed February 12, 2021.