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). Noctiva™ and Nocdurna® are both FDA approved for the treatment of NP in adults who awaken at least 2 times per night to void.

**Program-Specific Information:**

<table>
<thead>
<tr>
<th>Drug/Classification</th>
<th>Number</th>
<th>Order</th>
<th>Cost per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nocdurna® 27.7 mcg tab SL</td>
<td>0</td>
<td>-</td>
<td>$420.00 per 30 tablets</td>
</tr>
<tr>
<td>Nocdurna® 55.3 mcg tab SL</td>
<td>0</td>
<td>-</td>
<td>$420.00 per 30 tablets</td>
</tr>
<tr>
<td>Noctiva™ 0.83 mcg/0.1 ml spray</td>
<td>0</td>
<td>-</td>
<td>$425.00 per 30 sprays</td>
</tr>
<tr>
<td>Noctiva™ 1.66 mcg/0.1 ml spray</td>
<td>3</td>
<td>$1,318.10</td>
<td>$425.00 per 30 sprays</td>
</tr>
</tbody>
</table>

**Type of Criteria:**

- ☐ Increased risk of ADE
- ☒ Preferred Drug List
- ☒ Appropriate Indications
- ☒ Clinical Edit
- ☐ 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 in the past 2 years 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 no approval criteria are met
• Documented diagnosis of polydipsia in the past 12 months
• Documented or inferred diagnosis of heart failure in the past 2 years
• Claim for any loop diuretic in the past 45 days
• Claim for any oral or inhaled corticosteroid in the past 45 days

Required Documentation

<table>
<thead>
<tr>
<th>Laboratory Results:</th>
<th>Progress Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

MedWatch Form:

Other:

Disposition of Edit

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

Default Approval Period

1 year

References