



**NOCDURNA (desmopressin acetate) sublingual tablets,
NOCTIVA (desmopressin acetate) nasal spray**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

The patient must have the following:

Nocturia due to nocturnal polyuria

AND ALL of the following:

1. Patient has an average of at least 2 nocturic episodes per night
2. Inadequate treatment response, intolerance, or contraindication to at least **ONE** anticholinergic such as:
 - a. Detrol (tolterodine)
 - b. Enablex (darifenacin)
 - c. Oxytrol (oxybutynin)
 - d. Sanctura (trospium)
 - e. Vesicare (solifenacin)
3. Inadequate treatment response, intolerance, or contraindication to at least **ONE** generic desmopressin product
4. Patient has normal serum sodium concentrations **AND** prescriber agrees to monitor serum sodium
5. eGFR \geq 50 mL/min/1.73 m²

Prior - Approval Limits

Quantity

Medication	Quantity Limit
Nocdurna sublingual tablets	90 tablets per 90 days OR
Noctiva nasal spray	3 bottles per 90 days

Duration 12 months



**BlueCross.
BlueShield.**

Federal Employee Program.

**NOCDURNA (desmopressin acetate) sublingual tablets,
NOCTIVA (desmopressin acetate) nasal spray**

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

The patient must have the following:

Nocturia due to nocturnal polyuria

AND ALL of the following:

1. Decrease in nocturic episodes from baseline
2. Prescriber agrees to monitor serum sodium

Prior - Approval *Renewal* Limits

Same as above