



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Noctiva™ (desmopressin acetate)

**Review Criteria**

Member must meet all the following criteria:

- Member must be at least 50 years of age
- Must be prescribed by or in consultation with a urologist, geriatrician, nephrologist or endocrinologist
- Must have a diagnosis of Nocturnal Polyuria confirmed with a 24-hour urine collection and the nocturnal urine volume exceeds 33% of the 24-hour urine volume
- Member does not have current or any history of hyponatremia, CHF, Polydipsia, uncontrolled hypertension or renal impairment below 50ml/min
- Provider must document that they have ruled out all possible underlying causes of nocturia and that they have identified the current pathophysiological cause for the nocturia
- Either of these agents will not be used in combination with a loop diuretic