



## PHARMACY POLICY STATEMENT

### North Carolina Marketplace

DRUG NAME	Noctiva (desmopressin acetate) intranasal 0.83 mcg/0.1 mL and 1.66 mcg/0.1 mL
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— 3.8 g per 30 days
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	<a href="#">Click Here</a>

Noctiva (desmopressin acetate) is a non-preferred product and will only be considered for coverage under the pharmacy benefit when the following criteria are met:



CareSource considers Noctiva (desmopressin acetate) intranasal not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- x Nocturnal Enuresis
- x Syndrome Of Inappropriate Antidiuretic Hormone Secretion (SIADH)

DATE