**MDWISE PRIOR AUTHORIZATION CRITERIA**

**DDAVP (desmopressin)**
- Tablet: 0.1mg, 0.2mg; Nasal Spray/Rhinal Tube: 10mcg/spray (0.1mg/mL)

**FORMULARY STATUS**
- Preferred (generic)

**PA CRITERIA FOR APPROVAL**

**Tablets:**
- Diagnosis of primary monosymptomatic nocturnal enuresis in children 6 years of age and older.  
  **OR**
- Diagnosis of central cranial (neurogenic) diabetes insipidus.

**NOTE:** Tablet formulation will process at the point-of-sale for members > 6 years old.

**Nasal Spray & Rhinal Tube:**
- Diagnosis of central cranial (neurogenic) diabetes insipidus.

If the above conditions are met, the request will be approved with a 12 month duration for generic medications. If the above conditions are not met, the request will be referred to a Medical Director for medical necessity review.

**FDA INDICATIONS:**

**DDAVP® (desmopressin) Tablets: 0.1mg, 0.2mg**
- Central Diabetes Insipidus: Antidiuretic hormone (ADH) replacement therapy in the management of central cranial (neurogenic) diabetes insipidus and for temporary polyuria and polydipsia following head trauma or surgery in the pituitary region. Ineffective for the treatment of nephrogenic diabetes insipidus.
- Primary Nocturnal Enuresis: May be used alone or adjunctive to behavioral conditioning or other nonpharmacological intervention. It is effective in some cases that are refractory to conventional therapies.

**DDAVP® (desmopressin) Nasal Spray/Rhinal Tube: 10mcg/spray (0.1mg/mL)**
- Central Diabetes Insipidus: Antidiuretic hormone (ADH) replacement therapy in the management of central cranial (neurogenic) diabetes insipidus and for temporary polyuria and polydipsia following head trauma or surgery in the pituitary region. Ineffective for the treatment of nephrogenic diabetes insipidus.

**DOSAGE AND ADMINISTRATION:**

**Primary Nocturnal Enuresis:**
Individualize dosage of tablets according to response:

- **Oral:**  
  - Maximum Dosage: 0.6 mg at bedtime  
  - Initial dose (> 6 years of age): 0.2mg at bedtime. The dose may be titrated up to 0.6mg to achieve the desired response. Fluid restriction should be observed and fluid intake should be limited to a minimum from 1 hour before desmopressin administration until the next morning or at least 8 hours after administration. Patients previously on intranasal DDAVP therapy can begin tablet therapy the night following (24 hours after) the last intranasal dose. The recommended initial dose for patients age 6 years and older is 0.2mg at bedtime.

**Central cranial diabetes insipidus:**

- **Oral:**  
  - Maximum Dosage: 1.2 mg/day  
  - Adults and Children: Begin with 0.05 mg 2 times a day and adjust individually to their optimum therapeutic dose. Separately adjust each dose for an adequate diurnal rhythm of water turnover. Increase or decrease total daily dosage in the range of 0.1 to 1.2 mg, divided 2 or 3 times a day, as needed to obtain adequate antidiuresis. Fluid restriction should be observed.  
  - Most patients in clinical trials found that the optimal dosage range is 0.1mg to 0.8mg daily, administered in divided doses.  
  - The dosage must be determined for each individual patient and adjusted according to the diurnal pattern of response.  
  - Begin therapy 12 hours after the last intranasal dose for patients previously on intranasal therapy.
Modifications in dosage regimen should be implemented as necessary to assure adequate water turnover.

**Intranasal:**
- **Adults:** 10mcg to 40mcg daily, either as a single dose or divided into 2 or 3 doses. Most adults require 20mcg daily in two divided doses. Adjust morning and evening doses separately for an adequate diurnal rhythm of water turnover.
- **Children (3 months to 12 years of age):** 0.05 to 0.3 ml daily, either as a single dose or in 2 divided doses.
- Fluid restriction should be observed.
- **Administration:** The nasal tube delivery system is supplied with a flexible calibrated plastic tube (rhinyle). Draw solution into the rhinyle. Insert one end of tube into nostril; blow on the other end to deposit solution deep into nasal cavity. The nasal spray pump also may be used.

**Renal Insufficiency:** DDAVP (oral and intranasal) is contraindicated in patients with moderate to severe renal impairment (defined as a creatinine clearance below 50ml/min).

**REFERENCE:**
6. Hvistendahl GM; Rawashdeh YF; Kamperis K; Hansen MN; Rittig S; Djurhuus JC. The relationship between desmopressin treatment and voiding pattern in children. BJU Int 2002 Jun;89(9):917-22.

**Revision/Review Date:** MAC 10/12/2011
**Associated Policy:** Prior Authorization of Medications 236.200