Desmopressin
Clinical Edit Criteria

Drug/Drug Class:

Desmopressin Oral
Desmopressin Injectable

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. The criteria logic step regarding a desmopressin maximum oral dosing has been increased to 1.2mg daily. This step is highlighted in the criteria to note it has a less restrictive requirement which is actually more indicative to package labeling.

The original clinical edit can be referenced at the Texas Vendor Drug Program website located at https://www.txvendordrug.com/formulary/prior-authorization/mco-clinical-pa.

Clinical Edit Information Included in this Document:

Desmopressin - Oral

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria.
- Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules.
- Logic diagram: a visual depiction of the clinical edit criteria logic.
- Diagnosis codes or drugs in step logic: a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable

Desmopressin - Injectable

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria.
- Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules.
- Logic diagram: a visual depiction of the clinical edit criteria logic.
- Diagnosis codes or drugs in step logic: a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- Clinical Edit References: clinical edit references as provided by the Texas Vendor Drug Program.
- Publication history: to track when the eased criteria was put into production and any updates since this time.

Please note: All tables are provided by original Texas Vendor Drug Program Desmopressin Edit.

Drugs Requiring Prior Authorization Desmopressin Oral:

Drugs Requiring Prior Authorization	
Label Name	**GCN**
DDAVP 0.1 MG TABLET	26171
DDAVP 0.2 MG TABLET	26172
DESMOPRESSIN ACETATE 0.1 MG TB	26171
DESMOPRESSIN ACETATE 0.2 MG TB	26172

Superior HealthPlan Clinical Criteria Logic Desmopressin Oral:

1. Does the client have a diagnosis of severe renal impairment in the last 365 days?

[ ] Yes (Deny)

[ ] No (Go to #2)

2. Does the client have a diagnosis of hyponatremia in the last 730 days?

[ ] Yes (Deny)

[ ] No (Go to #3)

3. Does the client have a diagnosis of primary nocturnal enuresis or diabetes insipidus in the last 730 days?

[ ] Yes (Go to #4)

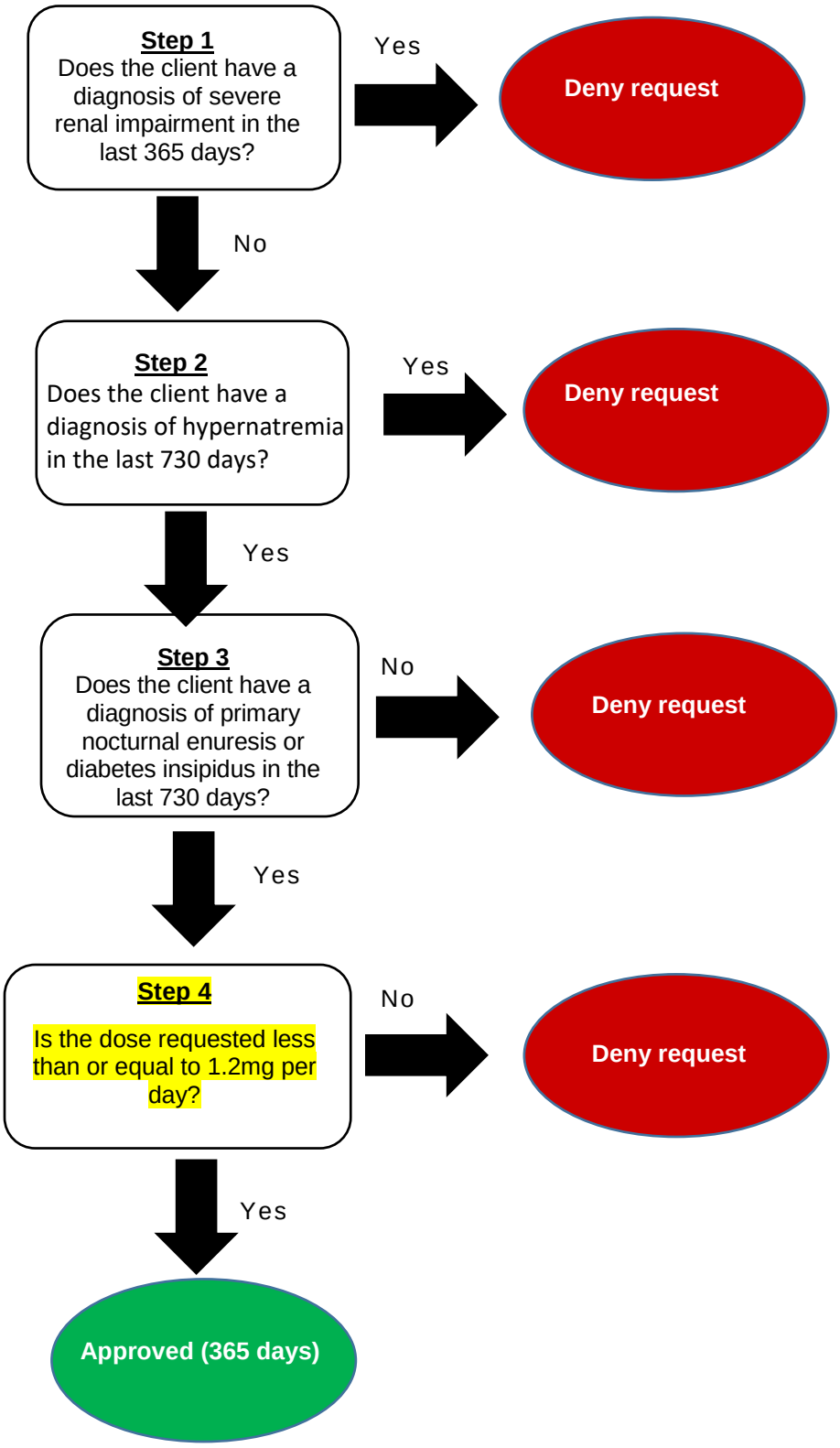
[ ] No (Deny)

4. Is the dose requested less than or equal to (≤) 1.2 mg per day?

[ ] Yes (Approve – 365 days)

[ ] No (Deny)

Superior HealthPlan Clinical Edit Logic Diagram Desmopressin Oral:



Clinical Criteria Supporting Tables:

Step 1 (diagnosis of severe renal impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-9 Code	**Description**
40300	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40301	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40311	HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40391	HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
5804	AC RAPIDLY PROGR NEPHRIT
5824	CHR RAPID PROGR NEPHRIT
5834	RAPIDLY PROG NEPHRIT NOS
5854	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE).
5855	CHRONIC KIDNEY DISEASE, STAGE V.
5856	END STAGE RENAL DISEASE.
5859	CHRONIC KIDNEY DISEASE, UNSPECIFIED.
587	RENAL SCLEROSIS NOS
ICD-10 Code	**Description**
I120	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 5 CHRONIC KIDNEY DISEASE OR END STAGE RENAL DISEASE
I129	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
N010	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N011	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N012	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N013	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N014	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N015	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS

Step 1 (diagnosis of severe renal impairment) Required diagnosis: 1 Look back timeframe: 365 days	
N016	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N017	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N018	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N019	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N038	CHRONIC NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N059	UNSPECIFIED NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5

N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED
N261	ATROPHY OF KIDNEY (TERMINAL)
N269	RENAL SCLEROSIS, UNSPECIFIED
Z4901	ENCOUNTER FOR FITTING AND ADJUSTMENT OF EXTRACORPOREAL DIALYSIS CATHETER
Z4902	ENCOUNTER FOR FITTING AND ADJUSTMENT OF PERITONEAL DIALYSIS CATHETER
Z4931	ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS
Z4932	ENCOUNTER FOR ADEQUACY TESTING FOR PERITONEAL DIALYSIS

Step 2 (diagnosis of hyponatremia) **Required diagnosis:** *1* **Look back timeframe:** *730 days*	
ICD-9 Code	**Description**
2761	HYPOSMOLALITY
ICD-10 Code	**Description**
E871	HYPO-OSMOLALITY AND HYPONATREMIA

Step 3 (diagnosis of primary nocturnal enuresis or DM) **Required diagnosis:** *1* **Look back timeframe:** *730 days*	
ICD-9 Code	**Description**
2535	DIABETES INSIPIDUS

Step 3 (diagnosis of primary nocturnal enuresis or DM) **Required diagnosis:** *1* **Look back timeframe:** *730 days*	
78830	URINARY INCONTINENCE NOS
78831	URGE INCONTINENCE
78832	STRESS INCONTINENCE MALE
78833	MIXED INCONTINENCE
78834	INCONTNCE WO SENSR AWARE
78835	POST-VOID DRIBBLING
78836	NOCTURNAL ENURESIS
78837	CONTINUOUS LEAKAGE
78838	OVERFLOW INCONTINENCE
78839	OTH URINRY INCONTINENCE
ICD-10 Code	**Description**
E871	HYPO-OSMOLALITY AND HYPONATREMIA
E232	DIABETES INSIPIDUS
N393	STRESS INCONTINENCE (FEMALE) (MALE)
N3941	URGE INCONTINENCE
N3942	INCONTINENCE WITHOUT SENSORY AWARENESS
N3943	POST-VOID DRIBBLING
N3944	NOCTURNAL ENURESIS
N3945	CONTINUOUS LEAKAGE
N3946	MIXED INCONTINENCE
N39490	OVERFLOW INCONTINENCE
N39498	OTHER SPECIFIED URINARY INCONTINENCE
R32	UNSPECIFIED URINARY INCONTINENCE

Drugs Requiring Prior Authorization Desmopressin Oral:

Drugs Requiring Prior Authorization	
Label Name	**GCN**
DDAVP 4 MCG/ML AMPUL	10860
DDAVP 4 MCG/ML VIAL	10260
DESMOPRESSIN AC 4 MCG/ML VL	10260

Superior HealthPlan Clinical Criteria Logic Desmopressin Injectable:

1. Does the client have a diagnosis of severe renal impairment in the last 365 days?

[ ] Yes (Deny)

[ ] No (Go to #2)

2. Does the client have a diagnosis of hyponatremia in the last 730 days?

[ ] Yes (Deny)

[ ] No (Go to #3)

3. Does the client have a diagnosis of diabetes insipidus, hemophilia, or Von Willebrand's disease in the last 730 days?

[ ] Yes (Go to #5)

[ ] No (Go to #4)

4. Does the client have a history of an anti-hemophilic factors agent in the last 730 days?

[ ] Yes (Go to #5)

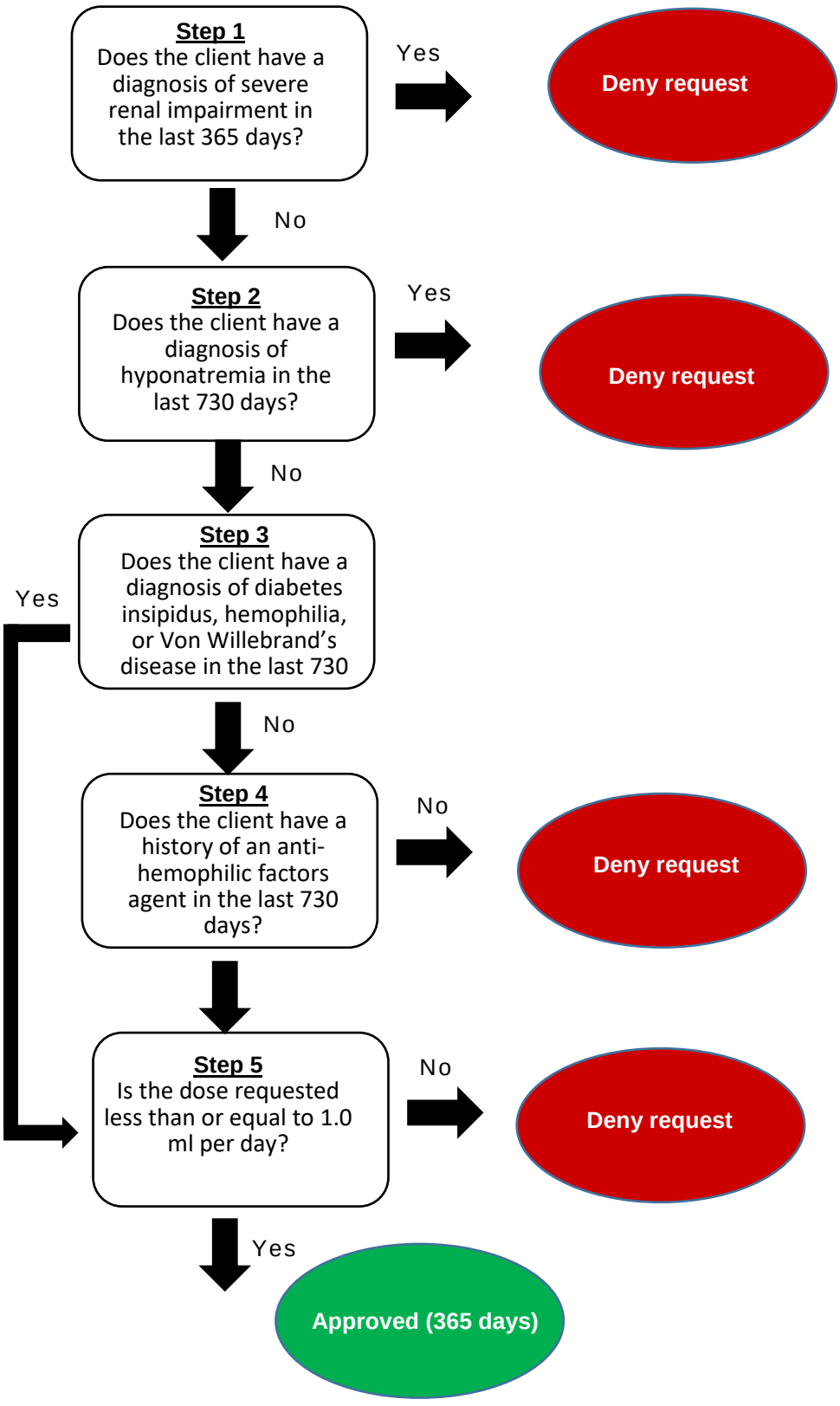
[ ] No (Deny)

5. Is the dose requested less than or equal to 1 ml per day?

[ ] Yes (Approve - 365 days)

[ ] No (Deny)

Superior HealthPlan Clinical Edit Logic Diagram Desmopressin Injectable:



Clinical Criteria Supporting Tables:

Step 1 (diagnosis of severe renal impairment) **Required diagnosis:** *1* **Look back timeframe:** *365 days*	
ICD-9 Code	**Description**
40300	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
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5854	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE).
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5859	CHRONIC KIDNEY DISEASE, UNSPECIFIED.
587	RENAL SCLEROSIS NOS
ICD-10	**Description**
I120	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 5 CHRONIC KIDNEY DISEASE OR END STAGE RENAL DISEASE
I129	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
N010	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N011	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N012	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N013	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N014	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N015	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS

Step 1 (diagnosis of severe renal impairment) **Required diagnosis:** *1* **Look back timeframe:** *365 days*	
N016	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
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N038	CHRONIC NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N059	UNSPECIFIED NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
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N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED
N261	ATROPHY OF KIDNEY (TERMINAL)
N269	RENAL SCLEROSIS, UNSPECIFIED

Step 2 (diagnosis of hyponatremia) **Required diagnosis:** *1* **Look back timeframe:** *730 days*	
ICD-9 Code	**Description**
2761	HYPOSMOLALITY
ICD-10 Code	**Description**
E871	HYPO-OSMOLALITY AND HYPONATREMIA

Step 3 (diagnosis of diabetes insipidus, hemophilia, or Von Willebrand's disease) **Required diagnosis: 1** **Look back timeframe: 730 days**	
ICD-9 Code	**Description**
2535	DIABETES INSIPIDUS
2860	CONG FACTOR VIII DISORDER
2864	VON WILLEBRAND'S DISEASE
ICD-10 Code	**Description**
D66	HEREDITARY FACTOR VIII DEFICIENCY
D680	VON WILLEBRAND'S DISEASE
E232	DIABETES INSIPIDUS

Step 4 (history of an anti-hemophilic factors agent) **Required quantity:** *1* **Look back timeframe:** *730 days*	
Label Name	**GCN**
ADVATE 1,201-1,800 UNITS VIAL	98830
ADVATE 1,801-2,400 UNITS VIAL	98764
ADVATE 2,401-3,600 UNITS VIAL	98634
ADVATE 200-400 UNITS VIAL	98833
ADVATE 3,601-4,800 UNITS VIAL	32723
ADVATE 401-800 UNITS VIAL	98831
ADVATE 801-1,200 UNITS VIAL	98832
ALPHANATE 1,000-400 UNIT VIAL	27334
ALPHANATE 1,500-600 UNIT VIAL	27335
ALPHANATE 2,000-800 UNIT VIAL	37015
ALPHANATE 250-100 UNIT VIAL	27332
ALPHANATE 500-200 UNIT VIAL	27333
ELOCTATE 1,000 UNIT NOMINAL	36663
ELOCTATE 1,500 UNIT NOMINAL	36664

ELOCTATE 2,000 UNIT NOMINAL	36665
ELOCTATE 250 UNIT NOMINAL	36657
ELOCTATE 3,000 UNIT NOMINAL	36666
ELOCTATE 500 UNIT NOMINAL	36658
ELOCTATE 750 UNIT NOMINAL	36662
FEIBA NF 1,750-3,250 UNIT VIAL	26335
FEIBA NF 400-650 UNIT VIAL	23816
FEIBA NF 651-1,200 UNIT VIAL	23815
FEIBA VH IMMU 1,750-3,250 UNIT	26335
FEIBA VH IMMUNO 400-650 UNITS	23816
FEIBA VH IMMUNO 651-1,200 UNIT	23815
HELIXATE FS 1,000 UNIT VIAL	98832
HELIXATE FS 2,000 UNIT VIAL	98764
HELIXATE FS 250 UNIT VIAL	98833
HELIXATE FS 3,000 UNITS VIAL	98634
HELIXATE FS 500 UNIT VIAL	98831
HEMOFIL M 1,000 UNIT NOMINAL	30193
HEMOFIL M 1,700 UNIT NOMINAL	30194
HEMOFIL M 250 UNIT NOMINAL	26777
HEMOFIL M 500 UNIT NOMINAL	26778

Step 4 (history of an anti-hemophilic factors agent) **Required quantity:** *1* **Look back timeframe:** *730 days*	
Label Name	**GCN**
HUMATE-P 1,200 UNIT VWF:RCO	26451
HUMATE-P 2,400 UNIT VWF:RCO	26450
HUMATE-P 600 UNIT VWF:RCO	26449
KOATE-DVI 1,000 UNITS VIAL	25129
KOATE-DVI 250 UNITS VIAL	25151
KOATE-DVI 500 UNITS VIAL	25132
KOGENATE FS 1,000 UNITS VIAL	98832
KOGENATE FS 2,000 UNITS VIAL	98764
KOGENATE FS 250 UNIT VIAL	98833
KOGENATE FS 3,000 UNITS VIAL	98634
KOGENATE FS 500 UNIT VIAL	98831
MONOCLATE-P 1,000 UNITS KIT	09628
MONOCLATE-P 1,500 UNITS KIT	89260
NOVOEIGHT 1,000 UNIT VIAL	37395
NOVOEIGHT 1,500 UNIT VIAL	37396
NOVOEIGHT 2,000 UNIT VIAL	37397
NOVOEIGHT 250 UNIT VIAL	37393
NOVOEIGHT 3,000 UNIT VIAL	37398
NOVOEIGHT 500 UNIT VIAL	37394
NOVOSEVEN RT 1MG VIAL	99696
NOVOSEVEN RT 2MG VIAL	99697
NOVOSEVEN RT 5MG VIAL	99698
NOVOSEVEN RT 8MG VIAL	29034
RECOMBINATE 1,241-2,400 UNIT V	27008
RECOMBINATE 1,801-2,400 UNIT V	26818
RECOMBINATE 220-400 UNIT VIAL	25123

RECOMBINATE 401-800 UNIT VIAL	25125
RECOMBINATE 801-1,240 UNIT VL	25124
WILATE 1,000-1,000 UNIT KIT	30188
WILATE 500-500 UNIT KIT	30187
XYNTHA 1,000 UNIT KIT	99872
XYNTHA 2,000 UNIT KIT	99873
XYNTHA 250 UNIT KIT	99870
XYNTHA 500 UNIT KIT	99871
XYNTHA SOLOFUSE 1,000 UNIT KIT	30439
XYNTHA SOLOFUSE 2,000 UNIT KIT	30441

Step 4 (history of an anti-hemophilic factors agent) **Required quantity:** *1* **Look back timeframe:** *730 days*	
Label Name	**GCN**
XYNTHA SOLOFUSE 250 UNIT KIT	31205
XYNTHA SOLOFUSE 3,000 UNIT KIT	29387
XYNTHA SOLOFUSE 500 UNIT KIT	31206

Clinical Criteria References:

1. Food and Drug Administration (FDA). MedWatch. Available at: http://www.fda.gov/medwatch/safety/2007/safety07.htm#Desmopressin. Accessed on March 3, 2008.

2. Desmopressin acetate (DDAVP®) [official prescribing information]. Bridgewater, NJ: Sanofi-Aventis U.S., LLC. Available at: http://www.fda.gov/cder/foi/label/2007/017922s038,018938s027,019955s013lbl.pdf. Accessed on February 27, 2008.

3. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at www.icd9data.com. Accessed on April 3, 2015.

4. 2015 ICD-10-CM Diagnosis Codes. 2015. Available at www.icd10data.com. Accessed on April 3, 2015.

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7. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2016. Available at www.clinicalpharmacology.com. Accessed on April 1, 2017.

8. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on April 1, 2017.

9. Stimate Prescribing Information. King of Prussia, PA. CSL Behring LLC. June 2013.

Publication History:

Publication	Notes
10/11/18	Criteria created and cross referenced to VDP criteria.