

Desmopressin



Included Products: DDAVP, Stimate (desmopressin)

Created: 04/12/2010

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Reviewed: 01/12/2023

Updated: 02/01/2023

All Diagnoses

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of enuresis (bedwetting)?	Continue to #4.	Continue to #2
2.	Does the member have a diagnosis of diabetes insipidus?	Continue to #7	Continue to #3
3.	Does the member have a diagnosis of: a. Hemophilia A with factor VIII level greater than 5% or b. Von Willebrand disease type 1 with factor VIII levels greater than 5% or c. Von Willebrand disease type 2 AND a response demonstrated by DDAVP trial?	Continue to #7	Do not approve.
4.	Is the request for desmopressin tablets?	Continue to #5.	Continue to #6.
5.	Is the request over the plan quantity limit?	Evaluate whether QLE is appropriate.	Cancel, no PA needed.
6.	Has desmopressin tablets been failed?	Continue to #7.	Do not approve, criteria not met
7.	Approve for life. For hemophilia A or von Willebrand's, approve Stimate 0.15 mg nasal spray		