

**Texas Prior Authorization Program  
Clinical Edit Criteria**

---

**Drug/Drug Class****Desmopressin****Clinical Edit Information Included in this Document****Desmopressin - Oral**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

**Desmopressin - Injectable**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

**Note:** Click the hyperlink to navigate directly to that section.

## Revision Notes

- Changed "DM" to "diabetes insipidus" in step 3 of the clinical edit criteria logic and the logic diagram for Desmopressin – Oral

**Desmopressin  
Oral****Drugs Requiring Prior Authorization**

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
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



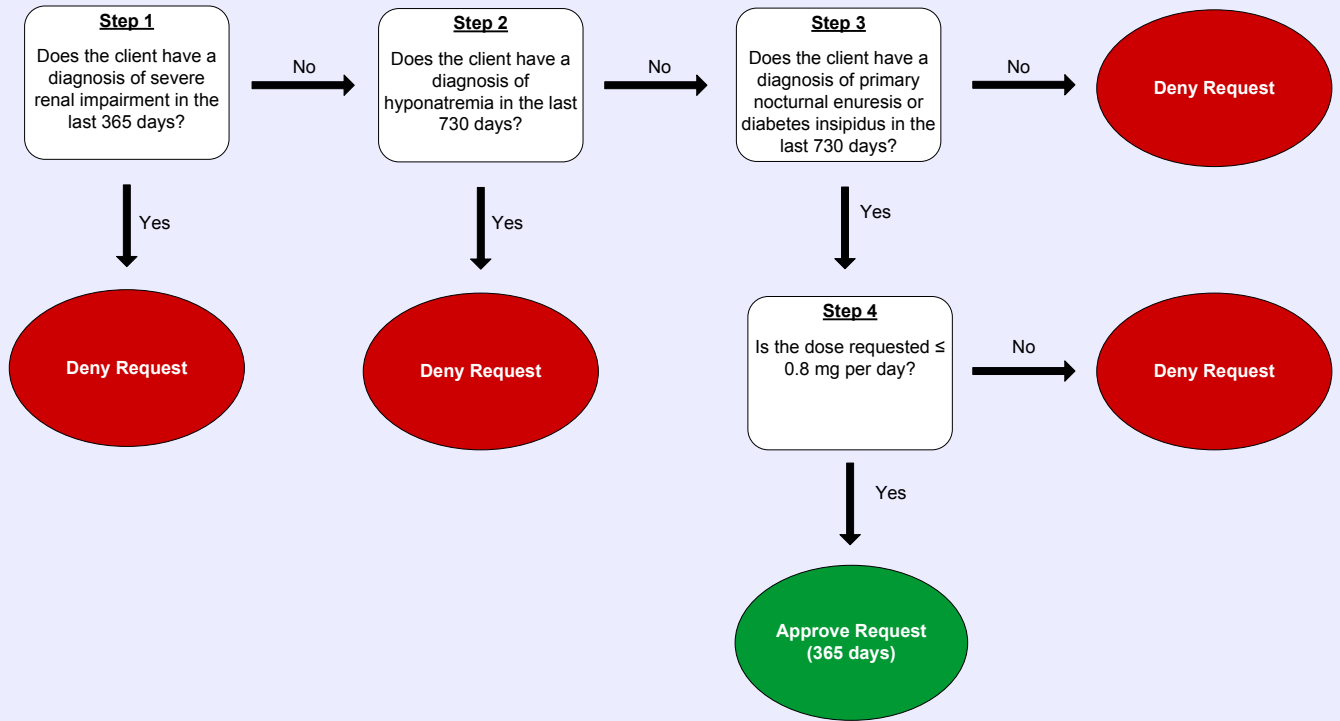
**Desmopressin**  
**Oral**  
**Clinical Edit Criteria Logic**

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 ( $\leq$ ) 0.8mg per day?  
 Yes (Approve – 365 days)  
 No (Deny)



# Desmopressin Oral

## Clinical Edit Criteria Logic Diagram





## Desmopressin Oral

### Clinical Edit Criteria Supporting Tables

<b>Step 1 (diagnosis of severe renal impairment)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
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
V560	RENAL DIALYSIS ENCOUNTER
V561	FT/ADJ XTRCORP DIAL CATH
V562	FIT/ADJ PERIT DIAL CATH
V5631	HEMODIALYSIS TESTING
V5632	PERITONEAL DIALYSIS TEST
V568	DIALYSIS ENCOUNTER, NEC

<b>Step 2 (diagnosis of hyponatremia)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-9 Code	Description
2761	HYPOSMOLALITY

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



**Desmopressin  
Injectable**

**Drugs Requiring Prior Authorization**

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





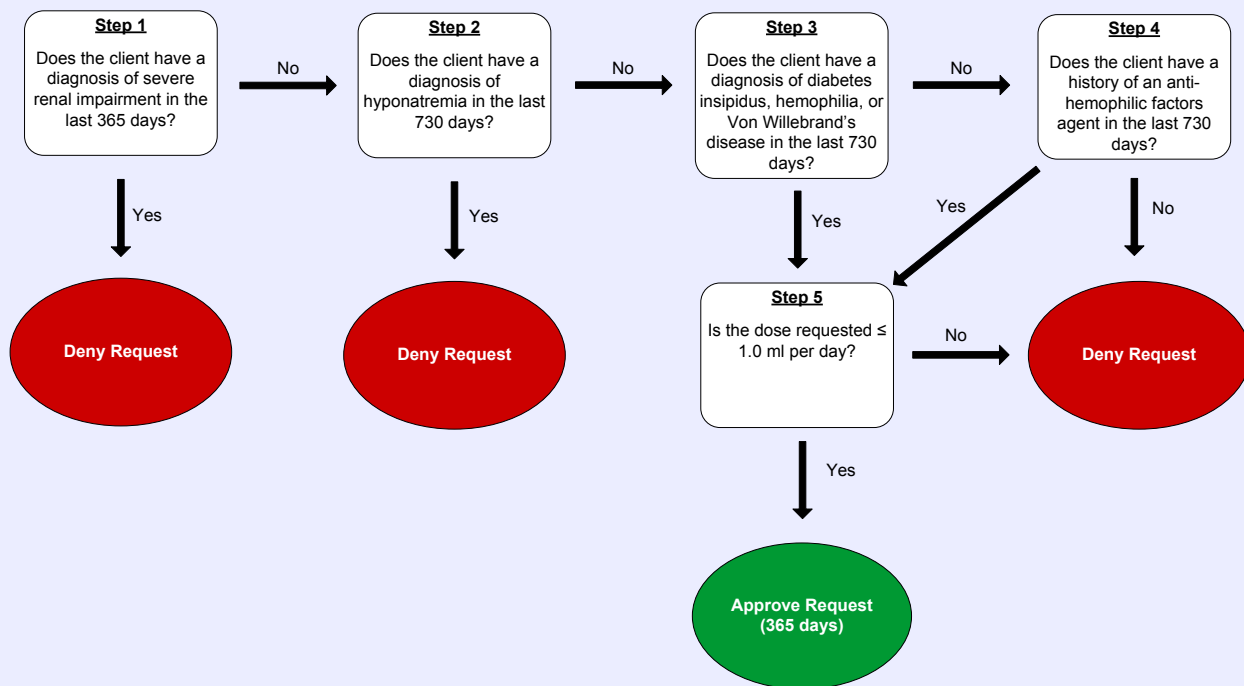
**Desmopressin  
Injectable**  
**Clinical Edit Criteria Logic**

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 ( $\leq$ ) 1 ml per day?  
 Yes (Approve - 365 days)  
 No (Deny)



# Desmopressin Injectable

## Clinical Edit Criteria Logic Diagram





## Desmopressin Injectable

### Clinical Edit Criteria Supporting Tables

<b>Step 1 (diagnosis of severe renal impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
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
V560	RENAL DIALYSIS ENCOUNTER
V561	FT/ADJ XTRCORP DIAL CATH
V562	FIT/ADJ PERIT DIAL CATH
V5631	HEMODIALYSIS TESTING
V5632	PERITONEAL DIALYSIS TEST
V568	DIALYSIS ENCOUNTER, NEC

<b>Step 2 (diagnosis of hyponatremia)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
2761	HYPOSMOLALITY

<b>Step 3 (diagnosis of diabetes insipidus, hemophilia, or Von Willebrand's disease)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
2535	DIABETES INSIPIDUS
2860	CONG FACTOR VIII DISORDER
2864	VON WILLEBRAND'S DISEASE

<b>Step 4 (history of an anti-hemophilic factors agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Label Name</b>	<b>GCN</b>
ADVATE 200-400 UNITS VIAL	98833
ADVATE 401-800 UNITS VIAL	98831
ADVATE 801-1,200 UNITS VIAL	98832
ADVATE 1,201-1,800 UNITS VIAL	98830
ADVATE 1,801-2,400 UNITS VIAL	98764
ADVATE 2,400-3,600 UNITS VIAL	98834
ALPHANATE 250-100 UNIT VIAL	27332
ALPHANATE 500-200 UNIT VIAL	27333
ALPHANATE 1,000-400 UNIT VIAL	27334
ALPHANATE 1,500-600 UNIT VIAL	27335
ALPHANINE SD 500 UNITS VIAL	91671
ALPHANINE SD 1,000 UNITS VIAL	91672
BEBULIN 200-1,200 UNITS VIAL	25144
BENEFIX 250 UNIT KIT	25154
BENEFIX 500 UNIT KIT	25153
BENEFIX 1,000 UNIT KIT	25152
BENEFIX 2,000 UNIT KIT	98600
BENEFIX 250 UNIT VIAL	25154
BENEFIX 500 UNIT VIAL	25153
BENEFIX 1,000 UNIT VIAL	25152
FEIBA NF 400-650 UNIT VIAL	23816
FEIBA NF 651-1,200 UNIT VIAL	23815
FEIBA NF 1,750-3,250 UNIT VIAL	26335
FEIBA VH IMMUNO 400-650 UNITS	23816
FEIBA VH IMMUNO 651-1,200 UNIT	23815
FEIBA VH IMMUNO 1,750-3,250 UNIT	26335
HELIXATE FS 250 UNIT VIAL	25123

<b>Step 4 (history of an anti-hemophilic factors agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Label Name</b>	<b>GCN</b>
HELIXATE FS 500 UNIT VIAL	25125
HELIXATE FS 1,000 UNIT VIAL	25124
HELIXATE FS 2,000 UNIT VIAL	26818
HEMOPIL M 220-400 UNITS VIAL	26777
HEMOPIL M 401-800 UNITS VIAL	26778
HUMATE-P 600 UNIT VWF:RCO	26449
HUMATE-P 1,200 UNIT VWF:RCO	26451
HUMATE-P 2,400 UNIT VWF:RCO	26450
KOATE-DVI 250 UNIT KIT	09629
KOATE-DVI 500 UNITS KIT	09634
KOATE-DVI 1,000 UNITS KIT	09628
KOGENATE FS 250 UNIT VIAL	25123
KOGENATE FS 500 UNIT VIAL	25125
KOGENATE FS 1,000 UNITS VIAL	25124
KOGENATE FS 2,000 UNIT VIAL	26818
MONOCLATE-P 250 UNIT KIT	09629
MONOCLATE-P 1,000 UNITS KIT	09628
MONOCLATE-P 1,500 UNITS KIT	89260
MONOCLATE-P 500AHFU KIT	09634
PROFILNINE SD 500 UNITS VIAL	25142
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



## Desmopressin

### Clinical Edit 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.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

<b>Publication Date</b>	<b>Notes</b>
05/24/2012	Initial publication and posting to website
10/25/2013	Changed "DM" to "diabetes insipidus" in step 3 of the clinical edit criteria logic and the logic diagram for Desmopressin – Oral