

Desmopressin 10 microgram/dose nasal spray

Introduction

We are aware of the ongoing shortage of desmopressin 10 microgram/dose nasal spray. The anticipated re-supply date is September 2025.

When used for the treatment of arginine vasopressin deficiency (cranial diabetes insipidus), **desmopressin is a life-sustaining medication, and omission or delay in this patient group can result in severe harm or death.**

Desmopressin tablets and sublingual tablets remain available and can support an increase in demand.

Actions

Where patients have insufficient supply until the resupply date:

Refer to the patients' parent endocrinology team (use advice and guidance). Whilst awaiting a response:

- Consider prescribing unlicensed imports of desmopressin 10 microgram/dose nasal spray*. Note, availability and lead times may vary.
- If the above cannot be sourced or is considered unsuitable, prescribe an equivalent dose of an oral desmopressin product, ensuring patients are counselled on the change in formulation and dosage.

Nasal Spray	Tablet	Sublingual
10 to 20 micrograms daily. Increased if necessary up to 40 micrograms in adults divided into 2 doses and to 20 micrograms in children and adolescents (<18 years) divided into 2 doses.	Starting dose in adults and children is 100 micrograms three times daily, adjusted in accordance with patient's response. For majority, maintenance dose is 100 to 200 micrograms three times daily	Starting dose in adults and children is 60 micrograms three times daily, adjusted in accordance with patient's response. For majority, maintenance dose is 60 to 120 micrograms three times daily.

Monitoring

Because patient response can vary considerably, patients should be monitored whilst their individual dose is titrated. The following monitoring is recommended:

When?	Monitoring
7 days after initiation / adjustment	Serum sodium (U&E)

Once stable, 1 month later	Serum sodium (U&E)
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During the initiation / titration period, patients should be advised to monitor for symptoms of insufficient or excessive replacement. The following adjustments can be considered if the patient reports such symptoms.

Symptoms	Dose adjustment
Symptoms of insufficient replacement: dilute urine, passing high volumes of urine, polydipsia, fatigue.	Increase daily dose of tablets by 100 micrograms daily, or of sublingual by 60 micrograms daily
Symptoms of excess replacement: decreased thirst, decreased urination, headache, nausea, fatigue, confusion	Reduce daily dose of tablets by 100 micrograms daily, or of sublingual by 60 micrograms daily

Prescribing unlicensed imports:

*Any decision to prescribe an unlicensed medicine must consider the relevant guidance and NHS Trust or local governance procedures. Unlicensed imports do not undergo any central quality assessment or suitability evaluation. Therefore, any import must be locally assessed in line with local unlicensed medicines processes.

Please see the links below for further information:

- [The supply of unlicensed medicinal products](#), Medicines and Healthcare products Regulatory Agency (MHRA)
- [Professional Guidance for the Procurement and Supply of Specials](#), Royal Pharmaceutical Society
- [Prescribing unlicensed medicines](#), General Medical Council (GMC),

When prescribing a product that is not licensed in the UK due to a supply issue with the licensed alternative prescribers must indicate on the FP10 prescription that an unlicensed product is required. This can be done on electronic prescriptions by selecting *Desmopressin 10microgram/dose nasal spray (imported)*.

Useful resources:

- [SmPC Desmopressin 10microgram/dose nasal spray](#)
- [SmPC Desmopressin oral lyophilisates](#)
- [SmPC Desmopressin 100microgram tablets](#)
- [SmPC Desmopressin 200microgram tablets](#)
- [SmPC Desmopressin sublingual tablets](#)
- [SmPC Desmopressin injection](#)
- [BNF Desmopressin](#)
- [Arginine Vasopressin Deficiency \(Diabetes Insipidus\) | Society for Endocrinology.](#)