Information leaflet for primary care: Noqdirna (desmopressin oral lyophilisate)

Background information
• Noqdirna is currently the only desmopressin containing preparation that is specifically licensed nocturnal polyuria. • Desmopressin acetate is a synthetic analogue of antidiuretic hormone (vasopressin) that produces a decrease in urine output. • It is only to be given in Sunderland in line with NICE guidance as below • NICE CG 97 (Lower urinary tract symptoms: the management of lower urinary tract symptoms in men) advises that oral desmopressin should be considered for men with nocturnal polyuria if other medical causes have been excluded and they have not benefited from other treatments • Nice cg171 (Urinary incontinence in women) advises desmopressin may be considered specifically to reduce nocturia in women with UI or OAB who find it a troublesome symptom • The dose is lower in women as they have a higher risk of hyponatraemia
Sunderland joint formulary status
Green Plus
Related NICE guidance
NG171, NG97
Licensed indication
Symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults
Dosage and administration
Women: 25 microgram daily, one hour before bedtime, administered sublingually without water Men: 50 microgram daily, one hour before bedtime, administered sublingually without water Fluid intake must be limited to a minimum from 1 hour before until 8 hours after administration
Contraindications
• Habitual or psychogenic polydipsia (resulting in a urine production exceeding 40 ml/kg/24 hours) • Known or suspected cardiac insufficiency or other conditions associated with fluid overload, sufficient to require treatment with diuretics, including a history of such conditions • Moderate and severe renal insufficiency (creatinine clearance below 50 ml/min) • Known history of hyponatremia • Syndrome of inappropriate ADH secretion (SIADH)
Cautions
• Desmopressin should be used with caution in patients with conditions characterized by fluid and/or electrolyte imbalance. • Treatment with desmopressin should be interrupted and reassessed during acute intercurrent illnesses characterised by fluid and/or electrolyte imbalance (such as systemic infections, fever, and gastroenteritis). • Precautions to avoid hyponatremia including careful attention to fluid restriction and more frequent monitoring of serum sodium must be taken in case of concomitant treatment with drugs, which are known to induce SIADH, e.g. tricyclic antidepressants, selective serotonin reuptake inhibitors, chlorpromazine, diuretics and carbamazepine, and some antidiabetics of the sulfonylurea group, particularly chlorpropamide, and in case of concomitant treatment with non-steroidal anti-inflammatory drugs (NSAIDs). • Special caution should be exercised in patients taking thiazide or loop diuretics for hypertension or other medical conditions not associated with fluid overload. Sodium monitoring in these patients is warranted. • Severe bladder dysfunction and outlet obstruction should be considered before starting treatment. • Caution is required in cases of cystic fibrosis, coronary heart disease, hypertensions, chronic renal disease and pre-eclampsia. • A diagnosis of nephrogenic diabetes insipidus should be considered if there is no reduction in night-time urine output after commencement of desmopressin. • Special caution should be exercised in patients taking lithium in case of masking of early-stage lithium-induced nephrogenic diabetes insipidus by administration of desmopressin for a nocturia indication. Desmopressin is not recommended in patients suspected of having lithium-induced nephrogenic diabetes insipidus. • In the event of signs or symptoms of water retention and/or hyponatremia (headache, nausea/vomiting, weight gain, and, in severe cases, convulsions) treatment should be interrupted and reassessed.
Duration of treatment
As long as required but see cautions above
Drug interactions
• Substances, which are known to induce SIADH, may cause an increased risk of water retention/hyponatremia (e.g. tricyclic antidepressants, selective serotonin reuptake inhibitors, chlorpromazine, diuretics and carbamazepine as well as some antidiabetics of the sulfonylurea group particularly chlorpropamide)

- NSAIDs and oxytocin may potentiate the antidiuretic effect of desmopressin and may induce water retention/ hyponatremia
- Lithium may diminish the antidiuretic effect

Side effects

	Very common (≥ 1/10)	**Common** (≥ 1/100 to < 1/10)	**Uncommon** (≥ 1/1,000 to < 1/100)
Metabolism and nutrition disorders		Hyponatraemia	
Nervous system disorders		Headache Dizziness	
Gastrointestinal disorders	Dry mouth*	Nausea Diarrhoea	Constipation Abdominal discomfort
General disorders and administration site conditions			Fatigue Oedema peripheral

Monitoring

- If patient aged over 65, serum sodium to be checked before treatment, 4-8 days after starting treatment and one month after starting treatment
- Stop treatment if clinically significant hyponatraemia (135mmol/L>) or lack of efficacy after 1 month treatment

GP and specialist responsibilities

Specialist:
- Confirm diagnosis(usually by reviewing bladder diary)
- Rule out cardiovascular or other conditions associated with fluid overload
- Perform serum sodium check prior to initiation of treatment if patient over 65 years old
- Advise GP by letter of monitoring required (if patient requires 4-8 day/ one month sodium check)

GP:
- Prescribe medication
- Perform serum sodium check at 4-8 days and one month, if patient over 65 years old
- Stop medication if lack of efficacy after 1 month of treatment

Cost

30 days at either dose £15.16

This information is not inclusive of all prescribing information and potential adverse effects. Please refer to full prescribing data in the SPC or the BNF