Desmopressin(Noqdirna®)

Traffic light classification - Amber 2
Information sheet for Primary Care Prescribers

Licensed Indications

Desmopressin (Noqdirna®) is indicated for symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults.

Any exclusions

Noqdirna® should not be prescribed in patients <18 years.

Therapeutic Summary

Noqdirna® contains desmopressin, which is a synthetic analogue of arginine vasopressin (AVP) that mimics the anti-diuretic action.

Medicines Initiation

Noqdirna® should only be initiated following recommendation from an urologist or specialist continence nurse. It is considered as a treatment option when patients have nocturia affecting quality of life (2 or more nighttime voids).

Products available

Noqdirna® 25 micrograms oral lyophilisate
Noqdirna® 50 micrograms oral lyophilisate

Dosages and route of administration

Women: Noqdirna® 25 micrograms daily, one hour before bedtime, administered sublingually without water.

Men: Noqdirna® 50 micrograms daily, one hour before bedtime, administered sublingually without water.

Duration of treatment

Continued therapy must be carefully reconsidered in patients who show no evidence of therapeutic benefit beyond 3 months.

Treatment is on-going, until it is no longer achieving benefits, becomes contraindicated due to changes in patient's medical condition or if addition of new medication is likely to cause a significant interaction.

Common side-effects (≥1/100 to <1/10)

Hyponatraemia, headache, dizziness, nausea and diarrhoea.

Monitoring Requirements and Responsibilities

Specialist advice on monitoring

Sodium levels must be in range before initiation, especially in patients 65 years and older. Baseline monitoring of sodium levels will be done by urology department. Further monitoring requirements will be undertaken in primary care as per below.

Patient age	Sodium levels
18 to 65 years	1 week, 4 weeks and at 6 months. Further tests not required unless patient becomes unwell
>65 years	1 week, 4 weeks and at 6 months. Then 6 monthly

Explicit criteria for review and discontinuation of the medicine

Noqdirna® should be reviewed

- At least annually as part of the patient's annual medication review.
- At each newly diagnosed or change in patient's medical condition to ensure there are no contraindications.
- At diagnosis of any acute illness that may cause fluid and/or electrolyte imbalance.
- At each addition or change in medication to ensure there are no interactions, which would warrant discontinuation or additional monitoring.

Signs or symptoms of water retention and/or hyponatremia include:

- headache
- nausea/vomiting
- weight gain
- and, in severe cases, convulsions

As such treatment should be interrupted and reassessed. When restarting treatment strict fluid restriction should be enforced and serum sodium levels monitored.

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).

Noqdirna® should be discontinued if sodium levels are < 135mmol/L. This is more likely to occur in patient ≥65 years.

Contraindications

Do not prescribe desmopressin to people with:

- Heart failure or a history of other conditions associated with fluid overload.
- Conditions treated with diuretics.
- Psychogenic polydipsia or alcohol abuse.
- Moderate and severe renal insufficiency, that is creatinine clearance below 50ml/min.
- Known history of hyponatraemia.
- Syndrome of inappropriate antidiuretic hormone secretion.

Prescribe desmopressin with caution in people with:

- Asthma
- Cardiovascular disease including coronary heart disease
- Cystic fibrosis
- Hypertension
- Fluid and/electrolyte imbalance
- Pre-eclampsia
- Migraine
- Epilepsy
- Renal impairment

If patients on Noqdirna® develop any of the above conditions discontinue treatment and re-assess.

Precautions

Clinically relevant medicine interactions and their management

- Concurrent use of desmopressin with the following medications may increase the plasma levels of desmopressin, leading to an increased risk of water retention and/or hyponatraemia:
    - Tricyclic antidepressants, selective serotonin reuptake inhibitors, chlorpromazine, diuretics and carbamazepine — known to induce the syndrome of inappropriate antidiuretic hormone hypersecretion (SIADH).
    - Non-steroidal anti-inflammatory drugs and aspirin.
    - Lithium
    - Loperamide
- If concomitant use of desmopressin and these drugs cannot be avoided, monitor closely for symptoms of hyponatraemia.
- Lithium. 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.

Information given to patient

Advise patient to:

- Drink only enough to satisfy their thirst, restricting fluid intake to a minimum from 1 hour before taking desmopressin.
- Avoid drinking fluids for 8 hours after taking desmopressin.
- Place tablet under the tongue where it dissolves without the need for water.

Further advice and support – this information is not inclusive of all prescribing information.

Summary of Product Characteristics via electronic Medicines Compendium (eMC)

Please use central administration for general advice and guidance.
Nottingham University Hospitals: Choose and Book system.
Sherwood Forest Hospital: sfh-tr.centraladminteam@nhs.net
Your query will be answered within 24 hours.

Patient line for Urology Departments: 0115 969 1169 Ext: 56631 (NUH)
01623 622515 Ext: 4140 (SFH)

References

1. National Institute for Health and Care Excellence. LUTS in Men. Clinical Knowledge Summaries: 2019
2. National Institute for Health and Care Excellence. Incontinence – Urinary, in women: 2021
3. Noqdirna 25mcg Oral Lyophilisate – Summary of Product Characteristics (SmPC) – (eMC) https://www.medicines.org.uk/emc/product/4368/smpc [Last accessed 26/07/2022]
4. Noqdirna 50mcg Oral Lyophilisate – Summary of Product Characteristics (SmPC) – (eMC) https://www.medicines.org.uk/emc/product/4372/smpc [Last accessed 26/07/2022]
5. Noqdirna® patient information leaflet. https://www.medicines.org.uk/emc/files/pil.4368.pdf [Last accessed 26/07/2022]
6. National Institute for Health and Care Excellence. Desmopressin. British National Formulary. May 19. https://bnf.nice.org.uk/drug/desmopressin.html [Last accessed 26/07/2022]

Version Control- **Desmopressin (Noqdirna®)**			
Version	Author(s)	Date	Changes
1.0	Deepa Tailor,Specialist Interface Formulary Pharmacist	September 2019	
2.0	Bhavika Lad, Medicines Optimisation Pharmacist, Nottingham and Nottinghamshire ICB in consultation with Dr Richard Parkinson, Urology consultant at NUH	September 2022	Updated monitoring, criteria for review and administration advice to patients.