NOW AVAILABLE

DESMODA IS FDA-APPROVED

Desmoda™
(desmopressin acetate)
0.05 mg/mL oral solution

From Probability... to Precision.

The first and only FDA-approved oral desmopressin solution designed for precision in oral dosing for central diabetes insipidus (CDI)[1]

Limitations of Use: DESMODA is not indicated for the treatment of nephrogenic diabetes insipidus.[1]

DESMODA helps deliver the standard-of-care treatment across all ages with precision, control, and flexibility[1-7]

Precise desmopressin dosing is essential when treating CDI (also known as AVP-D)[8,9]

- Micro-variability in dosing can translate into macro-variability in clinical outcomes[10]
- Common formulations, such as tablets, nasal sprays, and injections, may introduce dosing variability in the event of tablet splitting or inconsistent nasal absorption, and injections are associated with needle fear, discomfort, and injection site reactions[3-7]
- CDI management can be a burden with frequent interruptions of daily life for caregivers and patients[9]

INDICATION

DESMODA (desmopressin acetate) is a vasopressin analog indicated for the management of central diabetes insipidus as antidiuretic replacement therapy for adults and pediatric patients.

Limitations of Use

Do not use DESMODA for the treatment of nephrogenic diabetes insipidus.

IMPORTANT SAFETY INFORMATION

Contraindications

DESMODA is contraindicated in patients with hypersensitivity to desmopressin acetate or to any of the components of DESMODA, patients with moderate to severe renal impairment (adults with creatinine clearance (CLcr) less than 50 mL/min), or patients with hyponatremia or a history of hyponatremia.

Warnings and Precautions

Hyponatremia: Excessive fluid intake when urine output is limited by the antidiuretic effect of desmopressin may lead to water intoxication with hyponatremia. Cases of hyponatremia have been reported from postmarketing experience with desmopressin acetate. Monitor patients for signs or symptoms associated with hyponatremia, including headache, nausea/vomiting, weight gain, restlessness, fatigue, lethargy, confusion, depressed reflexes, muscle cramps or spasms, and abnormal mental status. Severe hyponatremia may result in seizures, coma, respiratory arrest, or death.

Fluid restriction is recommended during treatment and is particularly important in pediatric and geriatric patients, who are at increased risk. More frequent monitoring of serum sodium is recommended in patients with conditions associated with fluid and electrolyte imbalance or those receiving concomitant medications that may cause hyponatremia. Temporarily stop treatment with DESMODA during acute intercurrent illness characterized by fluid and/or electrolyte imbalance or under conditions associated with increased water intake.

Please see additional Important Safety Information on next page and refer to full Prescribing Information.

When precision needs to be practical, DESMODA is designed to allow:

Precision—
Provides tailored doses as low as 0.05 mg[1]

Control—
Clinically demonstrated to be bioequivalent to desmopressin acetate tablets[11]*

Flexibility—
No refrigeration and no shaking required[1]

For more information about DESMODA, scan here or visit DESMODAHCP.com

Comprehensive and personalized support that puts your patients first

Once you prescribe DESMODA, your patients are automatically enrolled in the Eton Cares Program®, with benefits such as:

- **$0 copay** for commercially eligible patients†
- **Enhanced prior authorization support** to help navigate access, enabled by our partners at CloudTop Health, a HIPAA-compliant access platform

The precision, control, and flexibility offered by DESMODA is available only through Anovo® specialty pharmacy.

Questions? Call Anovo: 1-833-343-2500

*For additional safety data and considerations, including the risk, signs, and symptoms of hyponatremia in patients taking DESMODA, please see the accompanying Prescribing Information.
†Restrictions, limitations, and/or eligibility requirements may apply.

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

Fluid Retention: Desmopressin acetate may cause fluid retention and should be used with caution in patients with heart failure or uncontrolled hypertension. DESMODA is not recommended in patients at risk for increased intracranial pressure or those with a history of urinary retention.

Hypersensitivity Reactions: Hypersensitivity reactions including anaphylaxis have been reported rarely with intravenous and nasal administration of desmopressin acetate. DESMODA is contraindicated in patients with known hypersensitivity to desmopressin acetate or any of the components of DESMODA.

Risk of Benzyl Alcohol Toxicity in Neonates: Serious adverse reactions, including fatal reactions, have been reported in low-birth-weight neonates and preterm neonates who received benzyl alcohol containing drugs intravenously. DESMODA contains benzoic acid, a metabolite of benzyl alcohol; the relationship between systemic benzoic acid exposure and toxicity is not well characterized. Use DESMODA with caution in low-birth-weight neonates or preterm neonates and monitor for signs and symptoms of metabolic acidosis.

Adverse Reactions

The serious adverse reactions associated with DESMODA are hyponatremia, fluid retention, hypersensitivity, and the risk of benzyl alcohol toxicity in neonates. Other common adverse reactions reported with desmopressin acetate include abnormal thinking, diarrhea, and edema/weight gain. Additional adverse reactions reported in clinical studies or postmarketing experience include nausea, vomiting, headache, fatigue, dizziness, water intoxication, seizures, confusion, hallucinations, urinary retention, and rash.

To report a suspected adverse event related to DESMODA, contact Eton Pharmaceuticals, Inc. at 1-855-224-0233 or the U.S. Food and Drug Administration (FDA) at https://www.fda.gov/safety/medwatch or call 1-800-FDA-1088.

Please see additional Important Safety Information on previous page and refer to full Prescribing Information.

References: 1. DESMODA. Package Insert. Eton Pharmaceuticals; 2026. **2.** Baldeweg SE, Ball S, Brooke A, et al. *Endocr Connect.* 2018;7(7):G8-G11. **3.** Verrue C, Mehuys E, Boussery K, Remon JP, Petrovic M. *J Adv Nurs.* 2011;67(1):26-32. **4.** Chin X, Teo SW, Lim ST, Ng YH, Han HC, Yap F. *Eur J Clin Pharmacol.* 2022;78(6):907-917. **5.** Zhi L, Liu D, Shameem M. *AAPS Open.* 2025;11:5. **6.** McLenon J, Rogers MAM. *J Adv Nurs.* 2019;75(1):30-42. **7.** Centers for Disease Control and Prevention. CDC. August 9, 2024. Accessed February 2, 2026. https://www.cdc.gov/vaccines-children/before-during-after-shots/index.html **8.** Arima H, Cheetham T, Christ-Crain M, et al. *J Clin Endocrinol Metab.* 2022;108(1):1-3. **9.** Teare H, Argente J, Dattani M, et al. *Orphanet J Rare Dis.* 2022;17(1):58. **10.** Yen K, Hughes E, Savic R, Srinivasan S. *Pediatr Res.* 2025;97(7):2449-2453. **11.** Data on file. Eton Pharmaceuticals; March 2025.

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