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

FDA-approved for adults and pediatric patients[1]

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 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]

- 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]
- Microvariability in dosing can translate into macrovariability in clinical outcomes[10]
- CDI management can place a burden on patients and caregivers due to the need for monitoring effectiveness and patient compliance[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.

Please see additional Important Safety Information throughout and refer to full Prescribing Information.

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Precise desmopressin dosing is essential for effective CDI management[9]

Because desmopressin has a narrow therapeutic index, even small dose variations can affect clinical outcomes[10]

- Insufficient desmopressin may result in **hypernatremia due to excessive water clearance**[9]
- Excessive desmopressin may result in **hyponatremia due to excessive water retention**[9]

Current formulations can have potential clinical limitations

Tablets: Splitting may introduce dosing variability, and some patients struggle to swallow tablets[3,11-13]

Compounded formulations: Not FDA-approved or clinically evaluated for safety, efficacy, or quality[14]

Nasal sprays: Congestion or inflammation may affect absorption[4]

Injections: May be associated with discomfort, needle fear, and injection site reactions[6,7]

When treating CDI, "good enough" is no longer good enough

IMPORTANT SAFETY INFORMATION (CONT'D)

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 throughout and refer to full Prescribing Information.

Which of your patients may benefit from DESMODA?

Consider patients who...	Potential dosing consideration
Struggle with dose precision at low doses	Microtitrations may be needed to help identify an appropriate dose that controls symptoms without increasing hyponatremia risk[1,9,10]
Have variable response to current desmopressin formulations	Precision in dosing may help avoid over- or underdosing possible with other formulations[1,3,4,9,10]
Experience overnight breakthrough or disrupted sleep	Ongoing dose reassessment and precise adjustments may be considered[1,9]
Experience sodium instability or near-miss hyponatremia	Careful titration with small, controlled oral dose adjustments may be required[1,9,15]
Have CDI with complicating endocrine comorbidities	Shifting water-balance needs may necessitate gradual dose modification[1,9]
Have evolving CDI	Changes in CDI severity may require frequent reassessment and dose adjustments[1,9,16]
Have trouble using current dosage forms	An oral liquid formulation may offer an alternative approach to dose administration[1,9,12,13]
Are pediatric, and have caregivers with a high daily burden	Caregivers may have concerns about dose adjustments and safety[9]
Experience high lifestyle interference from CDI	Individualized dosing and ease of administration may be required for active people whose lives are impeded by CDI[1,9]
May be undertreated due to clinician caution	Small, incremental adjustments may support dose optimization[1,10]

For patients who may require precise dosing adjustments due to variable disease states, DESMODA offers precise titration and simple administration[1,9]*

*Administer in accordance with Instructions for Use.

IMPORTANT SAFETY INFORMATION (CONT'D)

Warnings and Precautions (CONT'D)

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.

Please see additional Important Safety Information throughout and refer to full Prescribing Information.

When precision needs to be practical, DESMODA brings:

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

Control
Clinically demonstrated to be bioequivalent to desmopressin acetate tablets[17]*

Flexibility
No refrigeration or 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

Only Anovo® Specialty Pharmacy provides access to the precision, control, and flexibility of DESMODA.

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'D)

Warnings and Precautions (CONT'D)

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 throughout 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. 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.** Saran AK, Holden NA, Garrison SR. *BJGP Open.* 2022;6(3):BJGPO.2022.0001. **12.** VandenBerg CJ, Adams A, Bockrath R, et al. *Hosp Pediatr.* 2023;13(5):e123-e132. **13.** van den Engel-Hoek L, de Groot IJ, de Swart BJ, Erasmus CE. *J Neuromuscul Dis.* 2015;2(4):357-369. **14.** Gudeman J, Jozwiakowski M, Chollet J, Randell M. *Drugs R D.* 2013;13(1):1-8. **15.** Kalra S, Zargar AH, Jain SM, et al. *Indian J Endocrinol Metab.* 2016;20(1):9-21. **16.** Ooi HL, Maguire AM, Ambler GR. *J Pediatr Endocrinol Metab.* 2013;26(11-12):1047-1052. **17.** Data on file. Eton Pharmaceuticals; March 2025.

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