

**From the Chief Medical Officer
Professor Sir Michael McBride**



HSS(MD)9/2025

FOR ACTION

Chief Executives, Public Health Agency/HSC Trusts/NIAS
Chief Operating Officer, SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums (for onward
distribution to practice staff)
OOHs Medical Managers (for onward distribution to staff)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

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Our Ref: HSS(MD)9/2025
Date: 18 March 2025

Dear Colleague

MEDICINE SUPPLY NOTIFICATION – DESMOPRESSIN 10MCG/ DOSE NASAL SPRAY

On 3 March 2025, the Department of Health and Social Care (DHSC) issued a Tier 2 Medicine Supply Notification for desmopressin 10mcg/ dose nasal spray, which contained actions for healthcare professionals to take when patients have insufficient supply of desmopressin 10microgram/dose nasal spray until the resupply date. This was transposed into a Health and Social Care (HSC) Medicine Supply Notification which was distributed to primary care providers via [MSN3345](#).

Whilst this Medicine Supply Notification would have been distributed through usual channels to HSC primary care providers and secondary care pharmacy procurement leads, we are writing to highlight the need for all clinicians and pharmacy teams involved in the prescribing and dispensing of desmopressin 10mcg/ dose nasal spray to be aware of the advice and actions contained within this guidance.

The Medicine Supply Notification recommends that prescribers consider prescribing unlicensed imports of desmopressin 10microgram/dose nasal spray where patients have insufficient supplies until the resupply date. The Medicine Supply Notification also highlights the [National Patient Safety Alert](#) issued by the Department in 2016 that raises awareness of the risk of severe dehydration and death caused by an omission or delay of desmopressin in patients with cranial diabetes insipidus.

The Department is aware of reports that unlicensed desmopressin 10mcg/ dose nasal sprays **may not** be easily accessible within primary care settings, thus, increasing the risk of omission or delay of desmopressin in patients with cranial diabetes insipidus who are currently prescribed desmopressin 10mcg/ dose nasal spray.

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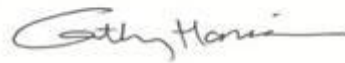
We are highlighting this issue and the need for collaborative work between GPs and community pharmacists to understand if unlicensed desmopressin 10mcg/ dose nasal sprays can be sourced and supplied if deemed clinically appropriate, **in advance of patients with cranial diabetes insipidus having insufficient stock**. If unlicensed stock is not deemed appropriate or cannot be sourced, then switching to an oral desmopressin product or seeking specialist advice on alternative options may be considered in line with the guidance outlined in the Medicines Supply Notification. The guidance recommends switching from nasal to an oral formulation should be overseen by the endocrinology team.

Please refer to the [Medicine Supply Notification](#) and [NHS Specialist Pharmacy Service's medicine supply tool](#) for more information on this supply disruption.

Yours sincerely



PROFESSOR SIR MICHAEL McBRIDE
Chief Medical Officer



PROFESSOR CATHY HARRISON
Chief Pharmaceutical Officer

