Nocdurna®
(desmopressin acetate) Sublingual Tablets
KnightLine

Reimbursement & Pharmacy Support
Patient Enrollment & Prescription Form

access.nocdurna.com Phone 1-833-608-2647 Fax 1-833-608-2649

Patient Information

Last Name*	First Name*	SSN	DOB*
Home Address	City	State	Zip
Preferred Phone	Alt Phone	Gender* ☐ Female ☐ Male	

Medical Insurance

Plan Name	Phone #
Member ID*	Group #*

Pharmacy Insurance

Member ID	BIN
PCN	Group #

Physician Information

Full Name*	NPI*	Tax ID		License	PTAN
Address	City	St	Zip	Phone*	Fax

Clinical Information

ICD Code(s): Check primary
☐ _____
☐ _____

Please Attach Patient Chart and Clinical Data

Prescription Information

☐ Nocdurna® 27.7 mcg (desmopressin acetate) Sublingual Tablets (women)

☐ Nocdurna® 55.3 mcg (desmopressin acetate) Sublingual Tablets (men)

Directions: 1 tab PO QHS

Quantity: 1 carton of 30 sublingual tablets Refills: _____

Prescription Auto-Transfer

☐ If you would like to proceed by having the medication automatically scripted to a pharmacy, please check here. This alleviates you and your office from having to call and give verbal authorization.

Pharmacy Name: _____ Pharmacy Phone: _____ Pharmacy Fax: _____

Prescriber's Signature[1] (Required)

MD / NP / PA Signature: _____

[1]Authorization for Release of Health Information: By signing this form, I represent to the NOCDURNA KnightLine that I have obtained all necessary Federal and state authorizations and consents from my patient to allow me to release medical and/or other patient information to the NOCDURNA KnightLine and its affiliates, agents, representatives, and service providers to use and disclose as necessary to enroll my patient. Signature on this form also provides consent to contact this patient's insurance provider for this prescription on the prescriber's behalf. I authorize the NOCDURNA KnightLine to act on my behalf for the limited purposes of transmitting this prescription to the appropriate pharmacy designated by the patient utilizing their benefit plan.

INDICATION

NOCDURNA is a vasopressin analog indicated for the treatment of nocturia due to nocturnal polyuria in adults who awaken at least 2 times per night to void.

IMPORTANT SAFETY INFORMATION, INCLUDING BOXED WARNING

WARNING: HYPONATREMIA
See full Prescribing Information for complete boxed warning

- **NOCDURNA can cause hyponatremia, which may be life-threatening if severe.**
- **NOCDURNA is contraindicated in patients at increased risk of severe hyponatremia, such as patients with excessive fluid intake, illnesses that can cause fluid or electrolyte imbalances, and in those using loop diuretics or systemic or inhaled glucocorticoids.**
- **Ensure serum sodium concentration is normal before starting or resuming NOCDURNA. Measure serum sodium within 1 week and approximately 1 month after initiating therapy and periodically during treatment. More frequently monitor serum sodium in patients 65 years of age and older and in patients at increased risk of hyponatremia.**
- **If hyponatremia occurs, NOCDURNA may need to be temporarily or permanently discontinued.**

Please see additional Important Safety Information on following page, and full Prescribing Information, including boxed warning,

IMPORTANT SAFETY INFORMATION (continued)

CONTRAINDICATIONS

- Hyponatremia or a history of hyponatremia
- Polydipsia
- Concomitant use with loop diuretics or systemic or inhaled glucocorticoids
- Estimated glomerular filtration rate below 50 mL/min/1.73 m2
- Syndrome of inappropriate antidiuretic hormone secretion (SIADH)
- During illnesses that can cause fluid or electrolyte imbalance
- Heart failure
- Uncontrolled hypertension

WARNINGS AND PRECAUTIONS

- Limit fluid intake to a minimum from 1 hour before until 8 hours after administration. Treatment without concomitant reduction of fluid intake may lead to fluid retention and hyponatremia.
- Fluid retention: Not recommended in patients at risk of increased intracranial pressure or history of urinary retention.

ADVERSE REACTIONS

Common adverse reactions (>2% incidence) included dry mouth, hyponatremia or blood sodium decreased, and dizziness.

DRUG INTERACTIONS

Monitor serum sodium more frequently when NOCDURNA is concomitantly used with drugs that may increase the risk of hyponatremia (e.g. tricyclic antidepressants, selective serotonin re-uptake inhibitors, chlorpromazine, opiate analgesics, thiazide diuretics, carbamazepine, lamotrigine, sulfonylureas, particularly chlorpropamide and NSAIDS).

USE IN SPECIFIC POPULATIONS

Pregnancy: Use of NOCDURNA is not recommended.
Geriatric Use: Increased risk of hyponatremia if 65 years of age or older. Monitor serum sodium more frequently.

To report SUSPECTED ADVERSE REACTIONS, contact Ferring at 1-888-337-7464 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see full Prescribing Information, including BOXED WARNING.