SUBLINGUAL DDAVP MELT 120 mcg AND 240 mcg: PREFERRED BY PATIENTS AND TRUSTED BY DOCTORS FOR DRY NIGHTS.

DDAVP MELT: Treats the Root Cause of Bedwetting

- DDAVP MELT is a copy of the same natural messenger your child's body makes
- It works naturally and safely to reduce night-time urine production to the same volume as that of a non-bedwetting child

DDAVP MELT: The Safest and Easiest to Use Form of DDAVP

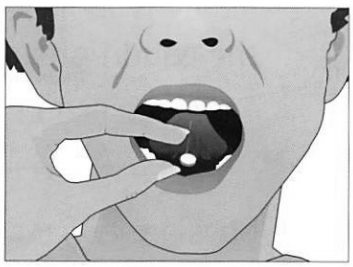
- Proven safety with use in over 17 million people
- Contains half the medicine of DDAVP tablets, but with similar effectiveness and safety
- Convenient under-the-tongue (sublingual) administration dissolves quickly in the mouth
- **No water required**
  - › Your doctor has prescribed DDAVP MELT for its safety, its ability to help your child be dry at night, and for its rapid dissolving under the tongue
  - › If the medicine your child puts under their tongue does not dissolve quickly then you may not have DDAVP MELT; check your prescription
  - › If you do not have DDAVP MELT then your child is not taking the safest and easiest form of DDAVP
  - › Ask your doctor or pharmacist for DDAVP MELT

Sublingual DDAVP MELT is Not Interchangeable with DDAVP/Desmopressin tablets.

DDAVP MELT 120 mcg or 240 mcg: Easy Administration and Dosing Instructions

Step	Nights	Dose	Dry or wet?
A  *	1,2,3	1 DDAVP MELT 120 mcg under the tongue 1 hour before bedtime *actual size of DDAVP MELT 120 mcg	If dry for these 3 nights continue with 1 DDAVP MELT, but if wet move to step B
B  	4,5,6	2 DDAVP MELTS 120 mcg under the tongue 1 hour before bedtime	If dry for these 3 nights continue with 2 DDAVP MELTS, but if wet move to step C
C   	7,8,9	3 DDAVP MELTS 120 mcg under the tongue 1 hour before bedtime	If still not dry each night for all or any of these 3 nights, see notes below in "Treatment Considerations"

Follow your doctor's dosing directions or use the recommended dosing



Note: Do not try to push MELT through the blister pack; instead peel back the foil.

Treatment Considerations

- Make sure the correct dose is taken each night
- Limit the child's number of drinks after supper
- If your child still wets the bed after Step C, you should:
  - › Check to make sure your pharmacist gave you DDAVP MELT 120 mcg (listed on prescription label)
  - › Talk to your doctor if this doesn't work
- Once your child is dry, maintain that dosage for 3 months for continued dryness
- After 3 months, stop for one-week
  - › If not dry during this break, then restart for another 3 months with the dose that kept the child dry
  - › Repeat this treatment until the child remains dry on his/her own when treatment is stopped

Be sure your child receives the bedwetting relief that only sublingual DDAVP MELT can provide – accept nothing less!

Caution: Some children may feel mild side effects after taking DDAVP MELT. These may include headache, nausea or mild tummy cramps. Please contact your physician if any of these side effects occur. Store in a dry place between 15-25°C.

FOR MORE INFORMATION OR HELP, CALL 1-800-263-4057 OR VISIT www.staydrywithmelt.ca

FERRING PHARMACEUTICALS

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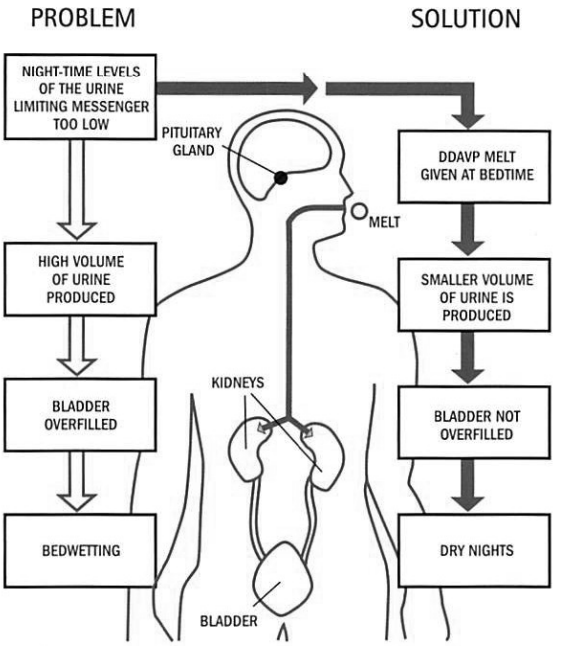
DDAVP MELT
120 mcg & 240 mcg desmopressin acetate

UNDERSTANDING BEDWETTING: IT'S NOT YOUR CHILD'S FAULT.

Your child is not alone: bedwetting is a common medical condition, also called Nocturnal Enuresis. Although most children eventually outgrow it, this problem can and should be treated. Sublingual DDAVP® MELT is a treatment prescribed for children 5 years of age and older who wet their bed at night. Please read on to understand why your doctor has prescribed sublingual DDAVP MELT and why it is important that your pharmacist dispenses sublingual DDAVP MELT, as it is the only way to ensure your child receives MELT's unique treatment benefits that will help your child get dry and stay dry.

Bedwetting: A Medical Condition

- Caused by the body's lack of a naturally occurring messenger that normally reduces urine production to a non-bedwetter's volume at night
- Leading to an overproduction of urine, often more than a child's small bladder can hold



A Common Problem That Can Be Inherited

- Affects 500,000 Canadian children five years or older
- As many as 15 out of 100 five-year olds suffer from the condition and:
  - 10 out of 100 seven-year olds
  - 5 out of 100 nine-year olds
  - 3 out of 100 twelve-year olds
  - 1 out of 100 fifteen-year olds
- Boys are twice as likely as girls to wet the bed
- Bedwetting runs in families
  - 80% chance a child will wet the bed if both parents did
  - 50% chance if only one parent has a history of bedwetting

A Treatable Condition – Don't "Wait It Out"

- Children who wet the bed more than twice a week have a greater chance of continuing wetting until teenage years and even adulthood[3]
- Bedwetting often affects a child's self-esteem, performance in school and their relationships with peers
- Current medical practice is to treat bedwetting

Bedwetting can be safely and effectively stopped with DDAVP MELT 120 mcg and 240 mcg.