Demoxytocin

Also called: Desaminooxytocin; Desamino-oxytocin; Deaminooxytocin; 1-Deaminooxytocin; Demoxitocina; ODA 914; Sandopart

What it is

Demoxytocin (desamino-oxytocin, 1-deamino-oxytocin) is an oxytocin analogue with the N-terminal amino group removed, which makes it resist inactivation and act longer and more strongly, and lets it be given as a buccal tablet. In pregnant women it raised uterine contractility (PMID 1119485) and induced labour in about 90 percent of overdue pregnancies, comparable to prostaglandin (PMIDs 42577, 7282312). Historically marketed abroad as a buccal oxytocic (ODA 914, Sandopart); it is not US-approved and is now largely out of use.

Approval status

Discontinued. Not approved in the United States: Drugs@FDA and the openFDA label endpoint hold no record (searched November 5, 2026). It was marketed historically abroad as a buccal oxytocic (names such as Sandopart and ODA 914) from the 1960s and is now largely out of use. ChEMBL records a highest clinical phase of 2 (CHEMBL435716); ClinicalTrials.gov holds 0 records, its use predating the registry.

Dosing, as printed in the page's Recommended Dosing box

Used in human trials

There is no FDA label. A label from outside the US exists (see the regulatory status on this page) but was not read for this page: these are amounts given in published trials, not recommendations.

Protocol and source	Dose	Frequency	Duration	Route
Labour induction, buccal **[Human study]** PMID 525265	50 IU	Every half hour (up to 500 IU/day)	Until labour established	Buccal

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 4 human studies carded on the page (5 study cards in all):

• **Uterine contractility in women at term** (Human, 1975). In pregnant women at term, buccal desamino-oxytocin increased the strength and frequency of uterine contractions, measured directly as amniotic-fluid pressure, without changing the resting (basal) pressure of the uterus. The effect built up gradually: the time to reach the maximum ranged from about 57 to 106 minutes after the first tablet. The study characterised how quickly and how long the buccal route acted. **PMID 1119485**

• **Three ways to induce labour, 325 women** (Human, 1979). A study of 325 women compared labour-induction methods. One group received buccal desaminooxytocin at 50 International units every half hour (up to 500 units a day), others received oral prostaglandin E2 or intravenous oxytocin, with groups split by how ready the cervix was (Bishop score). The trial set the buccal oxytocic beside the standard methods of its day and reported their relative success at bringing on labour. **PMID 525265**

• **Buccal tablets versus oral prostaglandin** (Human, 1979). In overdue pregnancies, randomly assigned women were induced with either oral prostaglandin E2 or buccal tablets of demoxytocin. Labour was successfully induced in 95.7 percent of the prostaglandin group and 92.1 percent of the demoxytocin group, a comparable result; both had low operative-delivery and low perinatal-distress rates, though the operative-delivery rate was significantly higher with demoxytocin. **PMID 42577**

Interactions

A PubMed search for interaction studies of this compound with any drug (November 5, 2026, 1 record) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• A higher assisted- (operative-) delivery rate than oral prostaglandin in one comparison (PMID 42577) • The hazards common to all oxytocics: over-strong or too-frequent contractions that can distress the baby (class effect) • Low perinatal-distress rates were reported in the induction trials (PMID 42577) • No modern adverse-event dataset exists, as its clinical use dates to the 1960s-80s	• Not available as a US medicine; it has no FDA application or label • An oxytocic: it must not be used where stimulating labour is unsafe (for example obstructed labour or certain prior uterine surgery), the standard cautions for oxytocin • It is used, if at all, only in supervised obstetric care with monitoring of contractions and the fetus • Modern practice uses titratable intravenous oxytocin and prostaglandins instead

Five questions to ask

1. Demoxytocin is listed here as "Discontinued". What does the evidence on this sheet mean for someone in my situation, and is there an approved treatment I should consider instead?
2. Here are the medicines and supplements I take. Do any of them interact with Demoxytocin? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example a higher assisted-?
4. Do any of the cautions on this sheet apply to me, such as: Not available as a US medicine?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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