

Xonvea – licensed preparation for the treatment of nausea and vomiting in pregnancy

Prescribing tip for information only

Xonvea® (Doxylamine succinate and pyridoxine hydrochloride 10mg/10mg) gastro resistant tablets are licensed for the treatment of nausea and vomiting of pregnancy (NVP) in women **who do not respond to conservative management**.

Xonvea has been RAG rated **GREEN** (appropriate for initiation and ongoing prescribing in both primary and secondary care).

This product was previously available but withdrawn from the market in 1983 due to adverse publicity affecting the product. The current formulation has been on the Canadian market since 1979 and on the US market since 2013.

Non-pharmacological measures that may help manage NVP include rest, good hydration, dietary habit, multivitamin supplementation and wrist acupressure. The Royal College of Obstetricians and Gynaecologists (RCOG) and NICE state that acupressure may reduce symptoms of NVP and that women may be reassured of its safety in pregnancy.

Xonvea prescribing advice

- The recommended starting dose is two tablets at bedtime (day 1). **If this dose adequately controls symptoms the next day, the patient can continue taking two tablets at bedtime.**
- **The delayed action of Xonvea allows the night time dose to be effective in the following morning hours when the patient needs it most.**
- If symptoms persist into the afternoon of day 2 the patient should continue the usual dose of two tablets at bedtime (day 2) and on day 3 take three tablets (one tablet in the morning and two tablets at bedtime).
- If these three tablets do not adequately control symptoms on day 3, the patient can take four tablets starting on day 4 (one tablet in the morning, one tablet mid afternoon and two tablets at bedtime).
- **The maximum recommended daily dose is four tablets (one in the morning, one mid afternoon and two tablets at bedtime).**
- **Xonvea should be taken as a daily prescription and not on an as needed basis. Continued need should be reassessed as the pregnancy progresses.**

Several drugs can be used to treat NVP, such as cyclizine, promethazine, prochlorperazine, metoclopramide, ondansetron and complementary medicines such as ginger and pyridoxine. **None are specifically licensed for NVP but there is some experience with their use in clinical practice usually at doses consistent with their licensed use.**

To contact the Medicines Optimisation Team please phone 01772 214302