

**South East London Integrated Medicines Optimisation Committee  
Formulary recommendation**

<b>Reference:</b>	<b>131</b>
<b>Intervention:</b>	<b>Doxylamine succinate 10mg/pyridoxine hydrochloride 10mg (Xonvea™) gastro-resistant tablets for treatment of nausea and vomiting in pregnancy</b> (Doxylamine is a first-generation selective antihistamine; pyridoxine (vitamin B6) is a water-soluble vitamin)
<b>Date of Decision:</b>	<b>February 2022</b>
<b>Date of Issue:</b>	<b>March 2022 (time limited approval for 12 months)</b>
<b>Recommendation:</b>	<b>Amber 2 – initiation and first prescription from the specialist team</b>
<b>Further Information</b>	<ul style="list-style-type: none"> <li>• Doxylamine succinate 10mg/pyridoxine hydrochloride 10mg (Xonvea™)* gastro-resistant tablets are accepted for use in South East London as a <b>third line option</b> for the treatment of nausea and vomiting in pregnancy where at least two regular antiemetics have been insufficient to control symptoms or have not been tolerated</li> <li>• Use is <b>restricted</b> to specialist obstetric teams for pregnant women who are intolerant or failed the following first and second line antiemetics:             <ul style="list-style-type: none"> <li>- First line antiemetics: cyclizine or prochlorperazine</li> <li>- Second line antiemetics: ondansetron or metoclopramide</li> </ul> </li> <li>• The continual need for Xonvea™ should be regularly reassessed by the specialist obstetric team which should include:             <ul style="list-style-type: none"> <li>- Response to treatment and</li> <li>- When and how to gradually stop treatment (the use of Xonvea™ is for short term use). There should be clear communication from the obstetric team to the patient and GP regarding stopping treatment with Xonvea™.</li> </ul> </li> <li>• Patients must be counselled on the appropriate administration and gradual tapering of Xonvea™, as described in the <a href="#">product information</a>.</li> <li>• The initial prescription and supply will come from the initiating obstetric specialist team. Prescribing can then be continued in primary care under “Amber 2” arrangements.</li> <li>• Given the short term nature of treatment with Xonvea™, it is recommended that continued prescriptions in primary care should be noted under the “acute” prescription list and not under the repeat prescription list on GP electronic patient record systems,</li> <li>• This approval is <b>time limited to one year</b> to enable experience of use with Xonvea™. A report summarising outcomes with Xonvea™ over this period will be presented back to the Committee after 1 year. This report will be <b>coordinated across all Trusts in SEL by the original formulary applicant</b> and will include:             <ul style="list-style-type: none"> <li>- The total number of patients treated with Xonvea™ across SEL for the management of nausea and vomiting in pregnancy</li> <li>- Whether use of Xonvea™ is in line with this recommendation and the rationale for any deviation</li> <li>- Patient related outcomes, including:                 <ul style="list-style-type: none"> <li>(i) Response to treatment which includes Pregnancy-Unique Quantification of Emesis (PUQE) score</li> <li>(ii) Adverse effects</li> <li>(iii) Number of patients switching from Xonvea™ to alternative treatments</li> </ul> </li> <li>- Data to support reduced contact with healthcare professional’s i.e. outpatient appointments, day case attendances and inpatient stays</li> </ul> </li> </ul> <p>* Xonvea™ is licensed for the treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management.</p>
<b>Shared Care/ Transfer of care required:</b>	N/A.

<b>Cost Impact for agreed patient group</b>	<ul style="list-style-type: none"> <li>Local experts estimate there will be approximately 460 patients per year initiated on Xonvea™, of which ~50 -100% (260 patients) will be from SEL.</li> <li>For SEL, this equates to ~£75,000 per year (~ £4,000 per 100,000 population).</li> <li>This costing is based on an average dose observed in trials of 3.6 tablets per day (the maximum dose is 4 tablets per day).</li> </ul>
<b>Usage Monitoring &amp; Impact Assessment</b>	<p><b>Acute Trusts:</b></p> <ul style="list-style-type: none"> <li>Monitor and audit usage of Xonvea™ as agreed and report back to the Committee in 12 months (data to be collated and presented no later than <b>March 2023</b>).</li> </ul> <p><b>SEL Borough Medicines Optimisation Teams:</b></p> <ul style="list-style-type: none"> <li>Monitor ePACT2 data and exception reports from GPs if inappropriate prescribing requests are made to primary care.</li> </ul>
<b>Evidence reviewed</b>	<p><b>References (from evidence evaluation)</b></p> <ol style="list-style-type: none"> <li>Scottishmedicines.org.uk. 2019. Doxylamine succinate 10mg and pyridoxine hydrochloride 10mg gastro-resistant tablets (Xonvea®). [online] Available <a href="#">here</a> [Accessed 14 December 2021].</li> <li>Awmsg.nhs.wales. 2019. AWMSG Secretariat Assessment Report Doxylamine succinate/pyridoxine hydrochloride (Xonvea®) 10 mg/10 mg gastro-resistant tablets. [online] Available <a href="#">here</a> [Accessed 14 December 2021].</li> <li>Nice.org.uk. 2019. Evidence review Doxylamine/pyridoxine (Xonvea) for treating nausea and vomiting of pregnancy. [online] Available <a href="#">here</a> [Accessed 14 December 2021].</li> <li>Cks.nice.org.uk. 2021. Scenario: Management   Management   Nausea/vomiting in pregnancy   CKS   NICE. [online] Available <a href="#">here</a> [Accessed 14 December 2021].</li> <li>Rcog.org.uk. 2016. The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum. [online] Available <a href="#">here</a> [Accessed 14 December 2021].</li> <li><a href="http://www.wafr/WAFR-FAD/Applications/ClinicalGuidance/DocumentViewer.aspx?d=5593">http://www.wafr/WAFR-FAD/Applications/ClinicalGuidance/DocumentViewer.aspx?d=5593</a></li> <li>Koren, G., Clark, S., Hankins, G., Caritis, S., Miodovnik, M., Umans, J. and Mattison, D., 2010. Effectiveness of delayed-release doxylamine and pyridoxine for nausea and vomiting of pregnancy: a randomized placebo controlled trial. American Journal of Obstetrics and Gynecology, [online] 203(6), pp.571.e1-571.e7. Available at <a href="#">here</a> [Accessed 14 December 2021].</li> <li>Zhang, R. and Persaud, N., 2017. 8-Way Randomized Controlled Trial of Doxylamine, Pyridoxine and Dicyclomine for Nausea and Vomiting during Pregnancy: Restoration of Unpublished Information. PLOS ONE, [online] 12(1), p.e0167609. Available <a href="#">here</a> [Accessed 14 December 2021].</li> <li>Pope, E., Maltepe, C. and Koren, G., 2015. Comparing pyridoxine and doxylamine succinate-pyridoxine HCl for nausea and vomiting of pregnancy: A matched, controlled cohort study. The Journal of Clinical Pharmacology, [online] 55(7), pp.809-814. Available <a href="#">here</a> [Accessed 14 December 2021].</li> <li>Boskovic, R., Einarson, A., Maltepe, C., Wolpin, J. and Koren, G., 2003. Diclectin Therapy for Nausea and Vomiting of Pregnancy: Effects of Optimal Dosing. Journal of Obstetrics and Gynaecology Canada, [online] 25(10), pp.830-833. Available <a href="#">here</a> [Accessed 14 December 2021].</li> <li>Oliver L, Capp S, You W et al. Ondansetron compared with doxylamine and pyridoxine for treatment of nausea in pregnancy: a randomized controlled trial. Obstet Gynecol. 2014 Oct;124(4):735-742.</li> <li>Matthews A, Haas D, Mathuna D et al. Interventions for nausea and vomiting in early pregnancy. Cochrane Database of Systematic Review 2015.</li> <li>Medicines.org.uk. 2020. Xonvea 10 mg/10 mg gastro-resistant tablets - Summary of Product Characteristics (SmPC) - (emc). [online] Available <a href="#">here</a> [Accessed 14 December 2021].</li> <li>Antenatal care NG201, August 2021. National Institute for Health and Care Excellence. Available <a href="#">here</a> [Accessed 8 February 2022]</li> </ol>

**NOTES:**

- SEL IMOC recommendations and minutes are available publicly via the [website](#).
- This SEL IMOC recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.
- Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**