

Prescribing information  
can be accessed [HERE](#)

# Xonvea®

doxylamine succinate/  
pyridoxine hydrochloride

*Pregnancy sickness  
is the last thing  
she needs...*

## Updated 2024 RCOG guidelines<sup>1</sup>

**XONVEA® is now included as a 1st line option and  
is the only licensed product in pregnancy for NVP**

Indicated for the treatment of nausea and vomiting of pregnancy (NVP) in pregnant women  
≥ 18 years who do not respond to conservative management.<sup>2</sup>

[CLICK HERE to visit the XONVEA® promotional website](#)

**Adverse events should be reported.**

Reporting forms and information can be found at  
[www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow  
Card in the Google Play or Apple App store. Adverse events  
should also be reported to Exeltis UK Limited by email to  
[pharmacovigilance.uk@exeltis.com](mailto:pharmacovigilance.uk@exeltis.com)

Please refer to Prescribing Information prior to prescribing in pregnancy.

Care should be taken when prescribing in pregnancy as medicines can cross the placenta  
and may affect the foetus.

Always consult the SmPC before prescribing for full details prior to prescribing.

# Xonvea®

doxylamine succinate/  
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**RCOG states these are suggested options\***

## 1<sup>st</sup> Line

- XONVEA®, commence with: i.e., 2 tablets (2x10 mg/10 mg) at bed-time. Doses may be titrated depending on symptoms. See SmPC for full details.
- Cyclizine 50 mg PO, IM or IV 8 hourly.
- Prochlorperazine 5–10 mg 6-8 hourly PO (or 3 mg buccal) 12.5 mg 8 hourly IM/IV; 25 mg PR daily.
- Promethazine 12.5–25 mg 4-8 hourly PO, IM or IV.
- Chlorpromazine 10-25 mg 4-6 hourly PO, IM or IV.

## 2<sup>nd</sup> Line

- Metoclopramide 5–10 mg 8 hourly PO, IV/IM/SC.
- Domperidone 10 mg 8 hourly PO; 30 mg 12 hourly PR.
- Ondansetron 4 mg 8 hourly or 8 mg 12 hourly PO; 8 mg over 15 mins 12 hourly IV; 16 mg daily PR. Women taking ondansetron may require laxatives if constipation develops.

## 3<sup>rd</sup> Line

- Hydrocortisone 100 mg twice daily IV and once clinical improvement occurs, convert to prednisolone 40–50mg daily PO, with the dose gradually tapered (by 5–10 mg per week) until the lowest maintenance dose that controls the symptoms is reached.
- Corticosteroids should be reserved for cases where standard therapies have failed. When initiated they should be prescribed in addition to previously started antiemetics. Women taking them should have their BP monitored and a screen for Diabetes mellitus.

\* XONVEA® is the only licensed medication for NVP in pregnancy.

Adapted from RCOG Green-top Guideline. No. 6, 2024

### Combination of different medicines should be used in women who don't respond to a single antiemetic.<sup>1</sup> Some people may experience adverse reactions with XONVEA®.

The most frequently reported adverse reaction (≥5% and exceeding the rate in placebo) was somnolence. (Very common (≥1/10)).<sup>2</sup>

For all medicines listed, always refer to the Summary of Product Characteristics for full dosing schedule including warnings and precautions, contraindications and adverse reactions prior to prescribing in pregnancy.

**Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App store. Adverse events should also be reported to Exeltis UK Limited by email to [pharmacovigilance.uk@exeltis.com](mailto:pharmacovigilance.uk@exeltis.com)**

**Abbreviations:** BP; Blood Pressure; IM; Intramuscular; IV; Intravenous; NVP; nausea and vomiting of pregnancy  
PO; by mouth, PR; By Rectum, SC; Subcutaneous , RCOG; Royal College of Obstetricians and Gynaecologists

#### References:

1. Nelson-Piercy *et al*; Royal College of Obstetricians and Gynaecologists. The Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum (Green-top Guideline No. 69). BJOG. 2024.
2. XONVEA® Summary of Product Characteristics.

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