**Application for medicines described in CKS, NICE guidance and/or other national guidance**

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| Name of guidance | Nausea and vomiting in pregnancy Last revised December 2023 |
| Available at | <https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/> |

The APC will have 4 options when asked to consider the application/s:

1. To accept
2. To reject
3. To allocate alternative traffic light classification
4. To request a full evidence review.

**Which drug treatments should I offer?** <https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/>

**If nausea and vomiting symptoms persist despite self-care**[**information and advice**](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/management/management/)**, discuss the option of drug treatment(s), taking into account the woman's preferences, severity of symptoms, response to treatments in previous pregnancies (if appropriate), and advantages and disadvantages of different treatments.**

* **Prescribe oral cyclizine or promethazine (antihistamines), prochlorperazine or chlorpromazine (phenothiazines), or the combination drug doxylamine/pyridoxine (Xonvea®) first-line,** and reassess the woman after 24-72 hours.
  + Consider the use of doxylamine/pyridoxine (Xonvea®, the only licensed drug treatment for this indication), depending on local prescribing guidelines.
  + See the sections on [Cyclizine](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/prescribing-information/cyclizine/), [Promethazine](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/prescribing-information/promethazine/), [Prochlorperazine](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/prescribing-information/prochlorperazine/), [Chlorpromazine](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/prescribing-information/chlorpromazine/), and [Doxylamine with pyridoxine](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/prescribing-information/doxylamine-with-pyridoxine/) in the section on [Prescribing information](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/prescribing-information/) for detailed information on contraindications and cautions, adverse effects, and drug interactions.
  + If symptoms respond to treatment, continue and review the woman once a week thereafter, depending on clinical judgement.
* **If first-line treatment is ineffective, switch to a second-line antiemetic, such as oral metoclopramide or domperidone (dopamine receptor antagonists), or ondansetron (a 5-HT3 receptor antagonist),** and reassess the woman after 24 hours.
  + Oral metoclopramide should not be prescribed for longer than 5 days due to the risk of neurological extrapyramidal adverse effects.
  + Oral domperidone should not be prescribed for longer than 7 days due to the risk of cardiac adverse effects.
  + Oral ondansetron should not be prescribed for longer than 5 days.
    - Advise that exposure to ondansetron during the first trimester of pregnancy is associated with a small increased risk of the baby having a cleft lip and/or palate.
  + See the sections on [Metoclopramide](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/prescribing-information/metoclopramide/), [Domperidone](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/prescribing-information/domperidone/), and [Ondansetron](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/prescribing-information/ondansetron/) in the section on [Prescribing information](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/prescribing-information/) for detailed information on contraindications and cautions, adverse effects, and drug interactions.
  + Consider using combinations of drugs for women who do not respond to a single anti-emetic.
  + Consider adding drugs rather than replacing them with different classes of drugs as different classes of drugs may have a synergistic effect.
    - Many women will require more than one antiemetic to control their symptoms.
    - Some women will require a combination of 3 or more antiemetics to control their symptoms.
  + If symptoms respond to second-line treatment, continue and review the woman once a week thereafter, depending on clinical judgement.
* **If second-line combinations of treatments are ineffective the third-line treatment is oral prednisolone 40-50mg daily.**The steroid dose should be gradually tapered until the lowest maintenance dose which controls symptoms has been reached. See the CKS topic on [Corticosteroids - oral](https://cks.nice.org.uk/topics/corticosteroids-oral/) for more information.
  + Corticosteroids should be reserved for people where standard treatments have failed. The should be prescribed in addition to previously initiated antiemetics. Women on oral corticosteroids should have regular blood pressure monitoring and screening for diabetes mellitus.
* **If third-line treatment is ineffective, seek specialist advice.**
  + See the section on [Referral and specialist advice](https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/management/management/#referral-specialist-advice) for more information.
* **Review the need for ongoing treatment, and advise on gradually reducing and stopping medication when symptoms improve,** depending on clinical judgement.
  + It may be possible to stop antiemetic medication at around 12–16 weeks of pregnancy when symptoms have usually improved.
  + Gradually tapering the dose may reduce the risk of symptoms recurring.
* **Consider the following for all people:**
  + Histamine type-2 receptor blockers or proton pump inhibitors if women develop gastro-oesophageal reflux symptoms.
  + Thiamine supplementation in those with severely reduced dietary intake.
  + Laxatives if required for constipation.
  + Venous thromboembolism risk assessment.

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| Medicine name  (generic and brand) | State licensed indication and if use in this application is licensed? | Place in therapy | Does it require dose titration? | Does it require monitoring?  (SPC and SBS monitoring) | Recommended traffic light | Comments  Must include information about:   * whether a cost impact is expected and by how much. * impact on workload, e.g. monitoring. |
| Doxylamine/ pyridoxine (Xonvea®) Tablets | Licensed | 1st line treatment option (CKS) | 20/20 mg once daily for 2 days, to be taken at bedtime; increased if necessary to 10/10 mg, to be taken in the morning and 20/20 mg, to be taken at bedtime; increased if necessary to 10/10 mg, to be taken in the morning, 10/10 mg, to be taken mid-afternoon and 20/20 mg, to be taken at bedtime; maximum 40/40 mg per day1. | If symptoms respond to treatment, continue and review the woman once a week thereafter, depending on clinical judgement | **GREEN (see narrative)**  **After other more established treatment options have failed?**  **Other options include off label: cyclizine, promethazine, prochlorperazine or chlorpromazine** | Re-assess after 24 -72 hours  Cost is high compared to other 1st line treatment options  20 tablets – £28.50 |
| Promethazine Hydrochloride Tablets | Off label | 1st line treatment option (CKS) | No | If symptoms respond to treatment, continue and review the woman once a week thereafter, depending on clinical judgement. | **GREEN (See narrative)**  **Teoclate salt is a more cost-effective option but difference in recommended dose in CKS** | Re-assess after 24 -72 hours  Teoclate salt is a more cost-effective option |
| Promethazine Teoclate Tablets | Off label | 1st line treatment option (CKS) | No | If symptoms respond to treatment, continue and review the woman once a week thereafter, depending on clinical judgement. | **GREEN (See narrative)**  **Teoclate salt is a more cost-effective option but difference in recommended dose in CKS** | Re-assess after 24 -72 hours  Teoclate salt is a more cost-effective option |
| Promethazine oral Solution (Sugar Free) | Off label | 1st line treatment option (CKS)  An option for patients with swallowing difficulties | No | If symptoms respond to treatment, continue and review the woman once a week thereafter, depending on clinical judgement. | **GREEN (See narrative)**  **An option for patients with swallowing difficulties** | Re-assess after 24 -72 hours |
| Cyclizine Tablets | Off label | 1st line treatment option (CKS) | No | If symptoms respond to treatment, continue and review the woman once a week thereafter, depending on clinical judgement. | **GREEN 1st line** | Re-assess after 24 -72 hours |
| Prochlorperazine Tablets | Off label | 1st line treatment option (CKS) | No | If symptoms respond to treatment, continue and review the woman once a week thereafter, depending on clinical judgement | **GREEN 1st line** | Re-assess after 24 -72 hours |
| Prochlorperazine Buccal tablet | Off label | 1st line treatment option (CKS)  An option for patients with swallowing difficulties | No | If symptoms respond to treatment, continue and review the woman once a week thereafter, depending on clinical judgement. | **GREEN (See narrative)**  **An option for patients with swallowing difficulties** | Re-assess after 24 hours |
| Chlorpromazine Tablets | Off label | 1st line treatment option (CKS) | No | If symptoms respond to treatment, continue and review the woman once a week thereafter, depending on clinical judgement | **GREEN 1st line** | Re-assess after 24 -72 hours |
| Chlorpromazine Oral Solution (Sugar Free) | Off label | 1st line treatment option (CKS)  An option for patients with swallowing difficulties | No | If symptoms respond to treatment, continue and review the woman once a week thereafter, depending on clinical judgement | **GREEN (See narrative)**  **An option for patients with swallowing difficulties** | Re-assess after 24 -72 hours |
| Metoclopramide Tablets |  | 2nd line treatment for adults over 18 years of age (CKS) | No | Reassess after 24 hours. | **GREEN (see narrative)**  **2nd line**  **Note length of treatment** | Oral metoclopramide should not be prescribed for longer than 5 days due to the risk of neurological extrapyramidal adverse effects. |
| Metoclopramide Oral Solution (Sugar Free) |  | 2nd line treatment for adults over 18 years of age (CKS)  An option for patients with swallowing difficulties | No | Reassess after 24 hours. | **GREEN (see narrative)**  **An option for patients with swallowing difficulties**  **Note length of treatment** | Oral metoclopramide should not be prescribed for longer than 5 days due to the risk of neurological extrapyramidal adverse effects. |
| Domperidone Tablets |  | 2nd line treatment for adults weighing 35 kg or more (CKS) | No | Reassess after 24 hours. | **GREEN (see narrative)**  **Note length of treatment** | Oral domperidone should not be prescribed for longer than 7 days due to the risk of cardiac adverse effects. |
| Domperidone Oral Suspension |  | 2nd line treatment for adults weighing 35 kg or more (CKS)  An option for patients with swallowing difficulties | No | Reassess after 24 hours. | **GREEN (see narrative)**  **An option for patients with swallowing difficulties** | Oral domperidone should not be prescribed for longer than 7 days due to the risk of cardiac adverse effects. |
| Ondansetron Tablets |  | 2nd line treatment for adults over 18 years of age (CKS) | No | Reassess after 24 hours. | **GREEN (see narrative)**  **Note length of treatment** | Oral ondansetron should not be prescribed for longer than 5 days.  Advise that exposure to ondansetron during the first trimester of pregnancy is associated with a small increased risk of the baby having a cleft lip and/or palate. **Therefore not recommended in 1st trimester** |
| Ondansetron Orodispersible Tablets |  | NON-FORMULARY consideration | No |  | **NON-FORMULARY** | The orodispersible film is a more cost effective option |
| Ondansetron Orodispersible Film  (currently Setofilm brand) |  | 2nd line treatment for adults over 18 years of age (CKS)  An option for patients with swallowing difficulties | No | Reassess after 24 hours.  Oral ondansetron should not be prescribed for longer than 5 days.  Advise that exposure to ondansetron during the first trimester of pregnancy is associated with a small increased risk of the baby having a cleft lip and/or palate. | **GREEN (see narrative)**  **An option for patients with swallowing difficulties** | The orodispersible film is a more cost effective treatment option  Oral ondansetron should not be prescribed for longer than 5 days.  **Not recommended in 1st trimester**  Advise that exposure to ondansetron during the first trimester of pregnancy is associated with a small increased risk of the baby having a cleft lip and/or palate. |
| Ondansetron Oral Solution (Sugar Free) |  | NON-FORMULARY consideration | No |  | **NON-FORMULARY** | The orodispersible film is a more cost- effective treatment option |

Declaration of interest:

None.