Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
All Wales Medicines Strategy Group

25th February 2026

Carolyn Thomas MS
Chair, Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Ms Thomas

Re: Petition P-06-1550
Xonvea for the management of nausea and vomiting in pregnancy

Thank you for your letter dated 18 February, sent following the Petitions Committee meeting held on 9 February. I appreciate that this is a highly emotive issue, and I agree that systems should support clinicians in prescribing the most appropriate treatment for their patients. Whilst I have considerable sympathy for the patient included in the case study submitted to the Petitons Committee, I am not able to comment on the specifics of this particular case.

The AWMSG evaluates the cost-effectiveness of medicines through a comprehensive and rigorous process. This includes the consideration of clinical and economic evidence, data from clinical trials, real-world evidence, and health economic modelling. The aim is to understand the benefits of a treatment relative to its cost, ensuring that NHS resources are used effectively to achieve the best possible outcomes for patients. AWMSG gives careful consideration to the ethical and societal implications of its decisions, and patient representatives and relevant organisations are actively involved to ensure that the patient voice is embedded throughout the process. This inclusive approach helps ensure that decisions are informed not only by clinical and economic evidence, but also by lived experience and broader context.

Currently in Wales, clinicians on behalf of their patients can request Xonvea through the Individual Patient Funding Request (IPFR) process. Clinicians do not need to demonstrate exceptionality, this term was removed from the policy in 2017, instead requests are considered on how the intervention may offer significant clinical benefit for a patient at reasonable value for money. As outlined in previous correspondence, the All Wales Therapeutics and Toxicology Centre (AWTTC) remain in communication with the manufacturer of Xonvea and are hopeful they can provide further real-world data to address uncertainties identified in the original health technology appraisal, particularly regarding hospitalisation rates and dosing based on current practice. Our priority is to ensure that clinicians have as many treatment options as possible, so that women suffering from hyperemesis gravidarum do not feel forced into making life-changing decisions.

/2....

I will contact you again as soon as we have further information regarding any future assessment of this medicine.

Kindest regards

Yours sincerely,

Professor Iolo Doull
Chair, All Wales Medicines Strategy Group