

For Immediate Release



## **Duchesnay USA Continues the Morning Sickness Conversation with Actress, Mom and Singer Jana Kramer and Beverly Hills Ob/Gyn Dr. Jay Goldberg**

***- Celebrity and her doctor join forces to stress the importance of communication between patients and healthcare providers -***

ROSEMONT, PA, October 16, 2018—Duchesnay USA, a pharmaceutical company specializing in women’s health, along with celebrity partner, actress, mom and singer Jana Kramer and her Ob-Gyn, Dr. Jay Goldberg are continuing to raise awareness about morning sickness and the importance of communicating with your doctor. Jana and Dr. Goldberg recently sat down to discuss the importance of communication surrounding pregnancy, highlighting specific challenges that women suffering from morning sickness may experience during their pregnancy journey.

Jana Kramer and Duchesnay USA, who announced their continued collaboration earlier this year, worked with Dr. Jay Goldberg to produce a video about morning sickness to provide women with important information during their “secret trimester” – the first trimester, when many women have yet to announce their pregnancy and often suffer from nausea and vomiting in silence. To watch the video, visit [www.bonjesta.com](http://www.bonjesta.com)

“I am so lucky to have such a great relationship with Dr. Goldberg. I have always felt comfortable talking with him about any of my pregnancy concerns,” said Jana. “I hope this video helps women feel empowered to speak to their doctors candidly as soon as their morning sickness symptoms start and to discuss a safe and effective treatment option if diet and lifestyle changes don’t work for them.”

“I hate to see so many of my pregnant patients feeling miserable during what should be a happy and exciting time. Especially when a safe and effective treatment option is available if diet and lifestyle changes don’t work,” said Dr. Goldberg. “I also make sure that they understand that nausea and vomiting of pregnancy is a real medical condition that can get worse if left untreated. That’s why, when non-medicine treatments don’t work, like in Jana’s case, I prescribe Bonjesta® (doxylamine succinate and pyridoxine hydrochloride).”

Bonjesta® (doxylamine succinate and pyridoxine hydrochloride) is a new FDA-approved prescription medication for the treatment of morning sickness, where diet and lifestyle changes have failed, that is designed to be fast-acting, long-lasting.<sup>1</sup> Bonjesta® has not been studied in women with hyperemesis gravidarum. The most common side effect of Bonjesta® is drowsiness.<sup>1</sup>

“We are happy to continue empowering women, and encouraging open communication between women and their doctors – we hope this video provides expectant mothers insights on the necessity of communicating health concerns, including morning sickness symptoms, with their healthcare providers.” stated Dean Hopkins, Duchesnay USA’s General Manager.

For more information about morning sickness and Bonjesta®, please visit [www.bonjesta.com](http://www.bonjesta.com)

For U.S. residents only.

## **ABOUT BONJESTA® EXTENDED-RELEASE TABLETS**

Bonjesta® is a prescription medicine used to treat nausea and vomiting of pregnancy in women who have not improved with change in diet or other non-medicine treatments.

## **LIMITATIONS OF USE**

It is not known if Bonjesta® is safe and effective in women with severe nausea and vomiting of pregnancy, a condition called hyperemesis gravidarum. Women with this condition may need to be hospitalized.

## **IMPORTANT SAFETY INFORMATION**

Bonjesta® is intended for use in pregnant women.

Do not take Bonjesta® if you are allergic to doxylamine succinate, other ethanolamine derivative antihistamines, pyridoxine hydrochloride or any of the ingredients in Bonjesta®. Please refer to the Patient Information leaflet for the complete list of ingredients. You should also not take Bonjesta® in combination with medicines called monoamine oxidase inhibitors (MAOIs), as these medicines can intensify and prolong the adverse central nervous system (CNS) effects of Bonjesta®. Please ask your healthcare provider or pharmacist if you are not sure if you take an MAOI, including Marplan, Nardil, Emsam, Eldepryl, Zelapar and Parnate.

The absorption and action of Bonjesta® may be impacted when tablets are taken with food. Therefore, you should take Bonjesta® on an empty stomach with a glass of water.

The most common side effect of Bonjesta® is drowsiness. Do not drive, operate heavy machinery, or do other activities that need your full attention unless your healthcare provider says that you may do so.

Do not drink alcohol, or take other CNS depressants such as cough and cold medicines, certain pain medicines, and medicines that help you sleep while you take Bonjesta®. Severe drowsiness can happen or become worse causing falls or accidents.

These are not all the possible side effects of Bonjesta®. Call your doctor for medical advice about side effects.

Bonjesta® should be used with caution in women who have certain medical conditions, such as asthma or eye problems called increased intraocular pressure or narrow angle glaucoma, stomach problems called stenosing peptic ulcer or pyloroduodenal obstruction, a bladder problem called urinary bladder-neck obstruction, or who are breastfeeding or plan to breastfeed.

Tell your healthcare provider about all of your medical conditions, including if you are breastfeeding or plan to breastfeed, so he/she can assess if Bonjesta® is right for you. Bonjesta® can pass into your breast milk and may harm your baby. You should not breastfeed while using Bonjesta®.

It is not known if Bonjesta® is safe and effective in children under 18 years of age.

Bonjesta® is an extended-release formulation, so signs of overdose may not appear right away. If you take too much Bonjesta® (overdose), you may have the following symptoms: restlessness, dry mouth, the pupils of your eyes become larger (dilated), sleepiness, dizziness, confusion, fast heart rate, seizures, muscle pain or weakness, urination changes and build-up of fluid in the body. If you have these symptoms and they are severe, they may lead to death. Stop taking Bonjesta®, call your healthcare

provider or go to the nearest hospital emergency room right away. If you take too much Bonjesta<sup>®</sup>, call your poison control center at 1-800-222-1222.

Keep Bonjesta<sup>®</sup> and all medicines out of the reach of children. Carefully read the storage instruction as detailed in the Bonjesta Patient Information leaflet.

Duchesnay USA encourages you to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

Please consult full [Prescribing Information and Patient Information](#).

### **About Nausea and Vomiting of Pregnancy (NVP)**

Nausea and vomiting of pregnancy (NVP), or “morning sickness”, affects up to 85 percent of pregnant women.<sup>ii, iv</sup> NVP can present differently for each woman. Symptoms may include nausea, gagging, retching, dry heaving, vomiting, and odor and/or food aversion.<sup>2</sup> For most pregnant women, symptoms generally cease at approximately 16 to 20 weeks.<sup>3</sup> However, some women can experience symptoms throughout their pregnancy.<sup>iii</sup>

### **About Duchesnay**

Duchesnay USA is a specialty pharmaceutical company with a long-standing commitment to women's health. The company focuses on filling the void in terms of scientific research and education and on developing pharmacological solutions that are safe and effective for use during pregnancy and breastfeeding. Duchesnay USA also commercializes a broad portfolio of products to offer safe and effective therapeutic options that meet the health and quality of life needs of women and their family members at various stages of their lives. For more information, visit [www.duchesnayusa.com](http://www.duchesnayusa.com).

###

### **Media Contact**

Amy Feldman  
Lazar Partners Ltd.  
212-867-1779  
[AFeldman@lazarpartners.com](mailto:AFeldman@lazarpartners.com)

---

<sup>1</sup> Bonjesta Prescribing Information. Duchesnay USA. 2017.

<sup>2</sup> Clark S, Costantine M, Hankins GDV. Review of NVP and HG and early pharmacotherapeutic Intervention. Obstetrics and Gynecology International Volume.2012.

<sup>3</sup> Gadsby, R, Barnie-Adshead, A, Jagger, C. A Prospective Study of Nausea and Vomiting During Pregnancy. British Journal of General Practice. 1993; 43:245–248.