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WHO Vision for Safety of Medicinal Products
No country left behind: worldwide pharmacovigilance for safer medicinal products, safer patients

The aim of the newsletter is to disseminate regulatory information on the safety of medicinal products, based on communications received from our network of national pharmacovigilance centres and other sources such as specialized bulletins and journals, as well as partners in WHO.

The information is produced in the form of résumés in English, full texts of which may be obtained on request from:

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https://www.who.int/teams/regulation-prequalification

The WHO pharmaceuticals newsletter provides you with the latest information on the safety of medicinal products and regulatory actions taken by authorities around the world.

In addition, this edition includes a summary of recommendations from the twenty-fourth meeting of the WHO Advisory Committee on Safety of Medicinal Products (ACSoMP), November 2025

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Feature

All the previous issues of the WHO pharmaceuticals newsletter can be accessed from our website. For request of addition in the mailing list of this newsletter, please contact us at: pvsupport@who.int

Bosutinib

Risk of cutaneous vasculitis

Europe. The European Medicines Agency's (EMA) Pharmacovigilance Risk Assessment Committee (PRAC) has recommended an update to the product information for bosutinib to include cutaneous vasculitis as an adverse reaction.

Bosutinib (Bosulif®) is a tyrosine kinase inhibitor (TKI) indicated for the treatment of adult patients with newly diagnosed or previously treated Philadelphia chromosome-positive (Ph+) chronic myelogenous leukaemia (CML) in various phases.

The recommendation is based on an assessment of available evidence from the EudraVigilance database, scientific literature, and data provided by the marketing authorisation holder (MAH). The evaluation identified a potential causal relationship between bosutinib and the occurrence of inflammation of the blood vessels in the skin.

Health-care professionals should be aware that cutaneous vasculitis is an "uncommon" adverse effect, potentially affecting up to 1 in 100 people. This condition may manifest as a skin rash or bruising. Patients should be advised to contact their doctor if they notice these symptoms while on treatment.

Reference:
PRAC recommendations on signals, EMA, 27-30 October 2025 (link to the source within www.ema.europa.eu)

Bortezomib

Risk of drug reaction with eosinophilia and systemic symptoms (DRESS)

Canada. Health Canada has announced that the product safety information for all bortezomib-containing products will be updated to include the risk of Drug Reaction with eosinophilia and systemic symptoms (DRESS).

Bortezomib is an antineoplastic agent authorized for the treatment of adults with multiple myeloma and mantle cell lymphoma. DRESS is a serious, potentially life-threatening allergic reaction characterized by fever, severe rash, increased white blood cell count (eosinophilia), and injury to one or more internal organs.

Health Canada reviewed 29 international cases of DRESS in patients treated with bortezomib. While other medications were present as confounders in all cases, 27 reports were found to be possibly linked to bortezomib use, including one death. No Canadian reports of DRESS were identified at the time of the review. Health Canada's review found a possible link between the use of bortezomib and the risk of DRESS.

Health Canada will inform health-care professionals about this update through a Health Product InfoWatch communication

Reference:
Summary Safety Review, Health Canada, March 2026 (link to source within https://www.canada.ca/en.html)

Carbidopa/levodopa

Risk of vitamin B6 deficiency and associated seizures

United States of America. The United States Food and Drug Administration (FDA) is requiring the addition of a new warning to the prescribing information for all drug products containing carbidopa/levodopa. This update should state that these medications can cause vitamin B6 deficiency, which may lead to serious seizures.

Carbidopa/levodopa products (e.g., Sinemet, Duopa, Rytary, Vyalev) are the standard of care for treating symptoms of Parkinson's disease. Levodopa acts as a metabolic precursor to dopamine, while carbidopa helps ensure more levodopa reaches the brain by inhibiting its peripheral breakdown.

A FDA safety review identified 14 cases of seizures, including focal onset and status epilepticus linked to vitamin B6 deficiency in patients using these products. The conversion of levodopa to dopamine can deplete vitamin B6, and carbidopa further contributes to functional loss by binding to the active form of the vitamin. Most reported seizure cases involved daily levodopa doses exceeding 1,000 mg.

Health-care professionals should evaluate baseline vitamin B6 levels before starting treatment and monitor them periodically thereafter, especially for

patients on high doses. Vitamin B6 supplementation should be provided as necessary. Patients should be advised that these seizures may not respond to traditional anti-seizure medications but often resolve with vitamin B6 administration.

Reference:
FDA Drug Safety Communication, FDA, 20 March 2026 (link to the source within www.fda.gov)

Carbimazole

Risk of agranulocytosis

India. The Central Drugs Standard Control Organization (CDSCO) and the Indian Pharmacopeia Commission (IPC) have requested that the prescribing information leaflet (PIL) and promotional literature for carbimazole formulations are updated to include agranulocytosis as a serious adverse drug reaction.

Carbimazole is an anti-thyroid medication used in the management of endocrine and metabolism-related conditions.

The decision follows an assessment of individual case safety reports (ICSRs) by the National Coordination Centre for Pharmacovigilance pharmacovigilance of India (NCC-PvPI). These findings confirmed a significant association between carbimazole and agranulocytosis.

Health-care professionals are advised to be aware of the serious risk of agranulocytosis associated with carbimazole.

Reference:
Safety update, IPC, India, February 2026, (ipc.gov.in))

Cefazolin containing products

Risk of cardiovascular adverse events

Europe. The EMA's PRAC has requested MAHs for cefazolin containing products to amend the product information and package leaflet to include Kounis syndrome in the special warnings and precaution for use and undesirable effects sections.

Kounis syndrome has been defined as cardiovascular symptoms secondary to an allergic or hypersensitive reaction associated with constriction of coronary arteries and potentially leading to myocardial infarction.

Cefazolin is a first-generation parenteral cephalosporin antibiotic widely used in Europe for treating moderate to severe bacterial infections caused by susceptible organisms, as well as for surgical prophylaxis.

The PRAC recommended including warnings and precautions for signs of an allergic reaction to cefazolin (including breathing problems and chest pain), and advice to stop immediately and contact patients' doctor or medical emergencies immediately if such signs occur.

Reference:
PRAC recommendations on signals, EMA, 12-15 January 2026 (link to the source within www.ema.europa.eu)

Cetirizine and levocetirizine

Risk of severe itching after discontinuation of long-term use

Pakistan. The Drug Regulatory Authority of Pakistan (DRAP) has issued a safety alert regarding the risk of severe itching (pruritus) following the discontinuation of long-term use of the allergy medicines cetirizine and levocetirizine. Following a review by the Pharmacovigilance Risk Assessment Expert Committee (PRAEC) and in line with a 2025 United States FDA warning, the National Pharmacovigilance Centre (NPC) decided to inform health-care professionals and patients of this rare but potentially serious risk.

Cetirizine and levocetirizine are antihistamines approved to treat seasonal and perennial allergic rhinitis, as well as chronic idiopathic urticaria. They are available in both prescription and over-the-counter (OTC) forms for adults and children.

The safety concern involves patients experiencing widespread, severe itching after stopping daily use of these medicines, typically after several months or years of treatment. The itching usually occurs within a few days of discontinuation

in patients who did not have such symptoms prior to starting the medication. Some reported cases were serious enough to require medical intervention.

Health-care professionals should discuss this risk with patients when prescribing or recommending these antihistamines for chronic use. Patients should be advised to contact a health-care provider if they experience severe itching after stopping the medication.

Reference:
Safety Alert, Drug Regulatory DRAP, 9 February 2026 (link to source within www.dra.gov.pk)

(See also WHO Pharmaceuticals newsletter no2, 2025: Cetirizine, levocetirizine -risk of severe itching after discontinuation of long-term use, United States.)

Chikungunya vaccine (live attenuated)

Risk of aseptic meningitis

Europe. The EMA's PRAC has recommended updating the product information for chikungunya vaccine (Ixchiq®) to reflect on serious adverse events, specifically aseptic meningitis which has been observed in young adults.

Chikungunya vaccine Ixchiq is a live attenuated vaccine indicated for prevention of disease cause by chikungunya virus.

The recommendation follows the review of a safety signal involving a case of aseptic meningitis in a healthy young adult post-vaccination. While aseptic meningitis, encephalopathy, and encephalitis were already listed as known adverse effects of unknown frequency, previous reports predominantly involved individuals over 65 years of age or those with multiple long-term medical conditions.

Health-care professionals should advise vaccine recipients to seek immediate medical attention if they experience symptoms including confusion, sleepiness, fever, headache, seizures, or neck stiffness.

Reference:
Meeting highlights from the PRAC, EMA, 13 March 2026 (link to the source within www.ema.europa.eu).

Updates to restrictions of use following safety review

United Kingdom of Great Britain and Northern Ireland. The Medicines and Health-care products Regulatory Agency (MHRA) has introduced additional restrictions on the use of the live-attenuated chikungunya vaccine, IXCHIQ. The vaccine is no longer recommended for adults aged 60 years and over and is contraindicated in individuals of any age with hypertension, cardiovascular disease, diabetes mellitus, and/or chronic kidney disease.

It remains contraindicated in individuals with immunodeficiency or immunosuppression, including IgA deficiency and a history of thymus disorder or thymectomy.

A comprehensive benefit–risk assessment must be conducted by a health-care professional trained in the assessment of live vaccines prior to vaccination, with particular caution advised for individuals with two or more underlying health conditions. As a precaution, the vaccine should be administered no later than 30 days before travel.

The updated measures aim to ensure that vaccination is limited to populations in whom the benefits clearly outweigh the risks, following reports of very rare but serious chikungunya-like adverse reactions, including neurological events.

Reference:
Drug Safety Update, MHRA, 11 February 2026 (link to source within www.gov.uk)

(See also WHO Pharmaceuticals newsletter no2, 2025: Chikungunya vaccine (live attenuated), Risk of serious side effects in elderly people, Europe and United States)

Colchicine

Risk of toxicities due to drug-drug interactions

Japan. The Ministry of Health, Labour and Welfare (MHLW) and the Pharmaceuticals and Medical Devices Agency (PMDA) have announced that the product information for colchicine has

been updated to include a contraindication for patients with renal or hepatic impairment who are also taking strong CYP3A4 inhibitors or P-glycoprotein (P-gp) inhibitors.

Colchicine is indicated for the treatment and prevention of gout attacks and for the treatment of familial mediterranean fever (FMF).

The PMDA reviewed cases of serious adverse drug reactions, including pancytopenia, reported in patients where drug-drug interactions occurred. It was determined that the concomitant use of colchicine with strong CYP3A4 inhibitors (such as clarithromycin or ritonavir) or P-gp inhibitors (such as cyclosporine) in patients with impaired renal or hepatic function significantly increases the plasma concentration of colchicine, leading to severe toxicity.

Advice for Health-care professionals indicate that colchicine is now contraindicated in patients with renal or hepatic impairment who are currently receiving potent CYP3A4 or P-gp inhibitors. Clinicians should monitor for early signs of colchicine toxicity, such as abdominal pain, diarrhoea, nausea, and vomiting, especially in elderly patients or those with pre-existing organ dysfunction. If symptoms of toxicity occur, treatment with colchicine should be suspended immediately.

Reference:
Revision of Precautions, MHLW/PMDA, 17 March 2026 (link to the source within www.pmda.go.jp)

Cytarabine

Risk of palmar plantar erythrodysesthesia

Saudi Arabia. The SFDA has requested that MAHs update the summary of product characteristics (SmPC) for cytarabine to include palmar-plantar erythrodysesthesia syndrome (hand-foot syndrome).

Cytarabine is a chemotherapy agent primarily used to induce and maintain remission in acute myeloid leukaemia and other haematological malignancies.

A signal review conducted in December 2025 by the SFDA signal detection team analysed reports from the national pharmacovigilance center (NPC) and VigiBase. The review identified 224 local and global case reports. A causality assessment of 25 high-completeness cases found that 20 were possibly linked to cytarabine.

The association is further supported by medical literature and is already listed in the drug monographs of other regulatory jurisdictions, such as Canada.

Reference:
SFDA Safety Signal, 1 February 2026 (link to source within www.sfda.gov.sa)

Datopotamab deruxtecan

Risk of anaphylactic reaction

Europe. The EMA's PRAC has recommended an update to the product information for datopotamab to include anaphylactic reaction as a potential adverse effect.

Datopotamab is an antibody-drug conjugate (ADC) directed against TROP2, typically indicated for the treatment of certain types of advanced or metastatic non-small cell lung cancer and breast cancer.

The PRAC reviewed evidence from clinical trials and post-marketing safety data, which identified cases of serious allergic reactions following administration. These reactions can be life-threatening and require immediate medical intervention.

Health-care professionals are advised to monitor patients closely for signs and symptoms of hypersensitivity during and after the infusion of datopotamab. If an anaphylactic reaction occurs, the infusion must be discontinued immediately and appropriate emergency treatment initiated. Patients should be informed of the risks and instructed to seek urgent medical attention if they experience symptoms such as difficulty breathing, swelling, or rash.

Reference:
PRAC recommendations on safety signals, EMA, 30 October 2025 (link to the source within www.ema.europa.eu)

Dimethyl fumarate

Risk of gastrointestinal events

Canada. Health Canada is working with manufacturers to update the Canadian product monograph (CPM) to include a warning of gastrointestinal perforation, ulceration, haemorrhage and obstruction with the use of dimethyl fumarate.

Dimethyl fumarate is used for the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS). It helps reduce flare-ups and delay physical disability by modifying the immune system.

Health Canada conducted a safety review following a labelling update in the United States. Health Canada's assessment included 22 international cases, of which 18 (including cases of haemorrhage, ulceration, and perforation) were found to be possibly linked to the drug. Scientific literature further supported a class association between fumaric acid esters and these serious GI adverse reactions.

Health-care professionals should be vigilant for signs of serious gastrointestinal events in patients taking dimethyl fumarate

Reference:
Summary Safety Review, Health Canada, 30 January 2026 (link to source within https://www.canada.ca/en.html)

Empagliflozin

Risk of fournier's gangrene

New Zealand. Medsafe has updated the safety information for empagliflozin (Jardiance ® and Jardiamet ®) to include a warning regarding the risk of Fournier's gangrene (necrotizing fasciitis of the perineum) in patients without type 2 diabetes mellitus.

Empagliflozin is an SGLT2 inhibitor previously primarily indicated for type-2 diabetes, but its use has expanded to include the treatment of heart failure and chronic kidney disease.

Fournier's gangrene is a rare but life-threatening bacterial infection. While this risk was previously recognized in the diabetic population, recent evidence suggests it can also occur in patients treated with empagliflozin for other indications.

As of 31 December 2025, there were 44 case reports of Fournier's gangrene/necrotising fasciitis associated with empagliflozin. Two of which reported the event in patients taking empagliflozin for heart failure.

Health-care professionals should advise patients to seek urgent medical attention if they experience pain, tenderness, erythema, or swelling in the genital or perineal area, accompanied by fever or malaise. If Fournier's gangrene is suspected, empagliflozin should be discontinued and prompt treatment and surgical debridement should be initiated.

Reference:
Prescriber update, Medsafe, March 2026 (link to the source within www.medsafe.govt.nz)
(See also WHO Pharmaceuticals newsletter no1, 2022: Empagliflozin,), Risk of ketoacidosis and Fournier's gangrene, New Zealand.)

Epcoritamab

Risk of Hypogammaglobulinemia

Europe. The EMA's PRAC has recommended that the product information for epcoritamab (Tepkinly®) is updated to include hypogammaglobulinemia as a very common adverse reaction.

Epcoritamab is a medicinal product used in the treatment of certain types of lymphoma. Following a review of evidence from EudraVigilance, scientific literature, and data provided by the manufacturer, the PRAC concluded that low levels of immunoglobulins (antibodies) are frequently observed in patients receiving this treatment.

PRAC has recommended that:
Hypogammaglobulinemia is listed as a "very common" adverse effect, occurring in more than 1 in 10 patients;
Health-care providers should monitor immunoglobulin (Ig) levels both prior to starting and during the course of treatment and be aware that patients with low antibody levels may be at a higher risk of serious infections.

Management should follow local institutional guidelines, which may include infection precautions and antimicrobial prophylaxis.

Reference: PRAC recommendations on signals, EMA, 30 October 2025. (link to the source within www.ema.europa.eu)

Erdafitinib

Risk of accelerated growth

Europe. The EMA's PRAC has requested that the MAH for erdafitinib (Balversa®) amend the product information to include growth acceleration and epiphysiolysis of the femoral head as undesirable effects in the product information.

Erdafitinib is a kinase inhibitor used to treat adult patients with locally advanced or metastatic bladder cancer.

There is no relevant use of erdafitinib in the paediatric population for the treatment of urothelial carcinoma. The safety and efficacy of erdafitinib in paediatric patients (<18 years of age) have not been established. Reports of these adverse events in paediatric patients were received from use in clinical trials outside authorised indication and off label in the postmarketing setting.

This recommendation follows a review of evidence in EudraVigilance and literature, including the cumulative review submitted by the MAH.

Similar updates have also been recommended as an amendment to the package leaflet.

Reference:
PRAC recommendations on signals, EMA, 12-15 January 2026 (link to the source within www.ema.europa.eu)

Ferzolinetant

Risk of drug-induced liver injury

Ireland. The Health Products Regulatory Authority (HPRA) has announced that the product information for fezolinetant (Veoza®) has been updated to include drug induced liver injury as an adverse drug reaction, and information on monitoring for liver function to manage risks.

A European wide review of potential causes of drug-induced liver injury (DILI) using all available sources of information has observed cases of serious liver injury. It is recommended that liver function tests (LFTs) are performed prior to initiation, and it should not be initiated if baseline liver enzyme levels are above a specified level. Whilst on treatment, LFTs must be monitored regularly for first three months. Patients must be advised to seek medical attention immediately if they experience signs or symptoms that may suggest liver injury. A dear doctor's letter has been issued to health-care professionals with these updates.

Reference:
Drug Safety Newsletter, HPRA, December 2025 (link to the source within www.hpra.ie)

Glucagon-like peptide-1(GLP-1) receptor agonists and dual GLP1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonists

Removal of warnings of suicidal behaviour and ideation from product label

United States. The United States FDA has requested that drug application holders remove warnings regarding the risk of suicidal ideation and behaviour from the labelling of glucagon-like peptide-1 receptor agonists (GLP-1 RA) medications. This update affects products such as liraglutide (Saxenda®), semaglutide (Wegovy®), and tirzepatide (Zepbound®).

This action follows a comprehensive review that found no increased risk of suicidal ideation or behaviours associated with GLP-1 RAs.

Key findings from the FDA evaluation included a meta-analysis of 91 placebo-controlled trials involving 107,910 patients which showed no increased risk for suicidal ideation or behaviours or other psychiatric events like anxiety or depression. The evaluation also reviewed a retrospective observational cohort study of over two million patients and found no increased risk of intentional self-harm compared to SGLT2 inhibitors.

This regulatory change ensures consistent messaging across all FDA-approved GLP-1 RAs, as products approved solely for type 2 diabetes did not previously carry this warning. Patients are advised to continue their medication as prescribed and discuss any mood changes with health-care professionals.

FDA drug safety communication, 12 January 2026 (link to the source within www.fda.gov

Alignment of warnings of suicidal behaviour and ideation

Australia. The Therapeutic Goods Administration (TGA) has aligned product warnings across the GLP-1 RA class of medicines to ensure consistent information regarding the potential risk of suicidal thoughts or behaviours.

The glucagon-like-peptide-1 receptor agonist (GLP-1 RA) prescription medicines are used primarily to manage type 2 diabetes mellitus and obesity.

Advice from the Advisory Committee on Medicines (ACM) found that the evidence available was not sufficient to support an association between GLP-1 RAs and suicidal or self-harming behaviours. However, the ACM noted that the product information (PI) and consumer medicines information (CMI) documents across the class were inconsistent and should be harmonised.

The ACM stressed that updates should not imply a causal association but reflect a class level awareness.

The following wording has been added to the PIs for all GLP-1 RAs (except liraglutide (Saxenda) as it already included suitable wording): Suicidal behaviour and ideation have been reported with GLP-1 Ras. Monitor patients for the emergence or worsening of depression, suicidal thoughts or behaviours, and/or any unusual changes in mood or behaviour. Consider the benefits and risks for individual patients prior to initiating or continuing therapy in patients with suicidal thoughts or behaviours or have a history of suicidal attempts.

Reference:
Therapeutic Good Administration, Safety update, 1 December 2025, (link to source within www.tga.gov.au)

(See also WHO Pharmaceuticals newsletter no4, 2024: GLP-1 receptor agonists, Potential risks of suicidal thoughts and thoughts of self-harm not supported, Europe)

Risk of severe acute pancreatitis

United Kingdom. The MHRA has further updated the product information for all Glucagon-Like Peptide-1 (GLP-1) receptor agonists and dual GLP-1/GIP receptor agonists (including dulaglutide, exenatide, liraglutide, semaglutide, and tirzepatide).to include updates on the potential risk of severe acute pancreatitis, including rare reports of necrotising and fatal pancreatitis.

Acute pancreatitis is a recognized adverse effect of these classes of medication; however, post-marketing experience has revealed rare but particularly severe cases. In the UK, between 2007 and October 2025, the MHRA received 1,296 Yellow Card reports of various forms of pancreatitis associated with these drugs. Among these, 24 cases were reported as necrotising pancreatitis and 19 were fatal. The Pharmacovigilance Expert Advisory Group (PEAG) recommended strengthening the warnings to ensure clinicians and patients are aware of the potential for life-threatening complications.

Health-care professionals should remain vigilant for signs and symptoms of acute pancreatitis noting that early symptoms like nausea or abdominal pain can be mistaken for common gastrointestinal adverse effects. If pancreatitis is suspected, patients should discontinue treatment immediately and not restart if the diagnosis is confirmed. These products should be used with caution in patients with a history of pancreatitis.

Patients should seek urgent medical attention if they experience severe, persistent abdominal pain that may radiate to the back and may be accompanied by nausea or vomiting.

Reference:
Drug Safety Update, MHRA,

29 January 2026 (link to source within www.gov.uk)

(See also WHO Pharmaceuticals newsletter no3, 2025: GLP-1 receptor agonists, study on risk factor of acute pancreatitis, MHRA, United Kingdom)

Risk of altered skin sensations

New Zealand. Medsafe has highlighted that glucagon-like peptide-1 (GLP-1) receptor agonists, including semaglutide and tirzepatide, are associated with altered skin sensations such as dysaesthesia and allodynia. Health-care professionals are encouraged to consider these medications as a possible cause in patients presenting with abnormal skin sensitivity.

Semaglutide (Wegovy, Ozempic) and tirzepatide (Mounjaro) are used for the treatment of type 2 diabetes and chronic weight management. Tirzepatide acts as both a GLP-1 and a glucose-dependent insulinotropic polypeptide (GIP) receptor agonist.

In clinical trials for semaglutide, altered skin sensations (e.g., paraesthesia, hyperaesthesia, burning, and sensitive skin) were reported in 2.1% of patients compared to 1.2% in the placebo group. As of 31 January 2026, the New Zealand pharmacovigilance database received nine reports associated with semaglutide, with allodynia (pain from non-painful stimuli) being the most frequent reaction.

Health-care professionals should be aware that these sensations are often unpleasant and may manifest as burning or tingling. Patients should be advised that most cases in clinical trials recovered while continuing treatment. If a patient reports skin pain or hypersensitivity, a medication review is recommended.

Reference:
Prescriber update Medsafe, March 2026 (link to the source within www.medsafe.govt.nz)

Risk of non-arteritic anterior ischemic optic neuropathy (NAION)-semaglutide

United Kingdom. The MHRA announced that the product information for all semaglutide products (Ozempic, Rybelsus, and Wegovy) will be updated to include the risk of non-arteritic anterior ischemic optic neuropathy (NAION). Health-care professionals are advised to refer patients experiencing sudden vision loss for urgent ophthalmological examination.

Semaglutide is a glucagon-like peptide-1 (GLP-1) receptor agonist. It is indicated for the treatment of type 2 diabetes mellitus, weight management, and cardiovascular risk reduction.

A European review of clinical studies, post-authorisation reports, and literature suggested that semaglutide exposure in adults with type 2 diabetes may be associated with an approximately two-fold increase in the relative risk of developing NAION. This corresponds to roughly one additional case per 100,000 treated patients per year. While patients with type 2 diabetes already have a higher background risk of NAION, the Commission on Human Medicines (CHM) agreed the product information should be updated to reflect this potential association.

Health-care professionals are advised to be aware that semaglutide may be very rarely associated with NAION, which causes sudden, painless vision loss (typically in one eye). They should enquire about semaglutide use in patients presenting with these symptoms and refer them urgently to an ophthalmologist. Treatment should be discontinued if NAION is confirmed.

Patients are advised to urgently attend eye casualty or accident and emergencies if they experience sudden vision loss or rapidly worsening eyesight while using semaglutide.

Reference:
Drug Safety Update, MHRA, 5 February 2026 (link to source within www.gov.uk)

(See also WHO Pharmaceuticals newsletter no3, 2025: Semaglutide, risk of NAION, Europe)

Reduced effectiveness of oral contraceptives-tirzepatide

Australia. TGA has updated the product information for

tirzepatide (Mounjaro) following an investigation into its potential to reduce the effectiveness of oral contraceptives. As a precautionary measure, the TGA now advises patients using oral hormonal contraceptives to switch to a non-oral method or add a barrier method during specific treatment phases.

Tirzepatide is a dual GIP/GLP-1 receptor agonist. It is indicated for type 2 diabetes mellitus, chronic weight management, and obstructive sleep apnoea in adults with obesity.

Reduced efficacy of oral contraceptives cannot be excluded during the initiation and dose escalation phases of tirzepatide treatment. As of September 2025, the TGA's database contained at least one case report of pregnancy while on oral contraceptives for both tirzepatide and semaglutide.

Health-care professionals are advised to inform patients of childbearing potential to use non-oral or backup barrier contraception for 4 weeks after treatment initiation and for 4 weeks after each dose escalation.

Patients are advised to use effective contraception; GLP-1 RAs are not recommended during pregnancy.

Reference:
Therapeutic Good Administration, Safety update, 1 December 2025, (link to source within www.tga.gov.au)

Idecabtagene vicleucel

Risk of progressive multifocal leukoencephalopathy (PML)

Japan. The Ministry of Health, Labour and Welfare (MHLW) and the Pharmaceuticals and Medical Devices Agency (PMDA) have announced that the "Clinically significant adverse reactions" section of the package insert for idecabtagene vicleucel has been revised to include progressive multifocal leukoencephalopathy (PML).

Idecabtagene vicleucel is a regenerative medical product (CAR T-cell therapy) indicated for certain types of B-cell malignancies.

The revision follows reports of PML in patients treated with idecabtagene vicleucel. While severe infections (including sepsis and pneumonia) were already known risks, recent safety data necessitated the specific inclusion of PML as a potentially fatal neurological complication.

Health-care professionals should monitor patients for the onset of new or worsening neurological symptoms. If PML is suspected, appropriate diagnostic tests, including cerebrospinal fluid (CSF) testing and MRI imaging, should be performed immediately to differentiate the condition from other neurological events.

Reference:
Revision of precautions, MHLW/PMDA, 13 January 2026 (link to source within www.pmda.go.jp).

Isotretinoin

Updated prescribing guidance and risk minimization measures

United Kingdom. The MHRA has updated isotretinoin prescribing guidance following a CHM review. The requirement for a second independent prescriber for patients under 18 has been removed to reduce treatment delays and the risk of permanent scarring.

Isotretinoin is a potent systemic retinoid indicated for severe forms of acne (such as nodular or conglobate acne or acne at risk of permanent scarring) I patients that have not responded to standard therapies.

To maintain safety oversight while improving access, the CHM replaced the second-prescriber requirement with alternative measures, including an updated "acknowledgement of risk" form for all patients, a mandatory clinical audit starting in 2026, and a new patient information video detailing potential risks.

Health-care professionals should only prescribe isotretinoin for severe acne when other treatments have proven ineffective and must ensure the updated acknowledgement of risk form is used while advising patients to watch the safety video before starting treatment. It remains essential to monitor for mental health and sexual function adverse effects at every follow-up appointment and to strictly maintain the

enrolment of patients of child-bearing potential in the Pregnancy Prevention Programme.

Reference:
Drug Safety Update, MHRA, 22 January 2026 (link to source within www.gov.uk

Risk of sacroiliitis

Health Canada. Health Canada has updated the product information of isotretinoin to include the risk of sacroiliitis as a potential adverse reaction.

Isotretinoin is a systemic retinoid used for the treatment of severe acne that has not responded to other therapies.

The review was prompted by reports of sacroiliitis in patients using isotretinoin. Health Canada's assessment of available data, including case reports and scientific literature, suggested a possible link between the treatment and the development of joint inflammation in the lower spine.

Health-care professionals should be alert to symptoms of back pain or joint stiffness in patients taking isotretinoin. Patients experiencing persistent or severe pain in the lower back or buttocks should be evaluated for sacroiliitis, and discontinuation of the drug may be necessary depending on the clinical assessment.

Reference:
Health product infowatch, Health Canada, February, 2026 (link to source within https://www.canada.ca/en.html)

Levamisole containing medicines

Risk of leukoencephalopathy

Europe. The PRAC has recommended that all levamisole containing medicines should be removed across the European Union due to the risk of leukoencephalopathy.

Levamisole is used as an anthelmintic for mild parasitic infections. Leukoencephalopathy is a rare but devastating condition affecting the brain's white matter.

The recommendations follow an EU-wide review of the available evidence that concluded the benefits no longer outweigh the risks.

Information showed that symptoms of leukoencephalopathy may occur after a single dose of levamisole and may develop within one day to several months after treatment.

PRAC endorsed a direct health-care professional communication (DHPC) to inform health-care professionals of its recommendation to withdraw levamisole medicines from the EU market.

Reference: PRAC risk assessment 9-12 February 2024(link to source within https://www.ema.europa.eu/)

Lubiprostone

Risk of ischemic colitis and anaphylaxis

Japan. The Ministry of Health, Labour and Welfare (MHLW) and the Pharmaceuticals and Medical Devices Agency (PMDA) have announced updates to the "clinically significant adverse reactions" section of the package insert for lubiprostone (Amitiza®) to include ischemic colitis and anaphylaxis.

Lubiprostone is a prostaglandin E1 derivative that activates type 2 chloride channels (ClC-2) in the intestinal epithelium to increase intestinal fluid secretion and motility. It is indicated for the treatment of chronic constipation (excluding constipation due to organic disease).

The revision follows an evaluation of post-marketing adverse event reports where a causal relationship between lubiprostone and these events was found to be reasonably possible. While lubiprostone acts locally and is minimally absorbed, cases of ischemic colitis—characterized by sudden abdominal pain and rectal bleeding—have been reported in patients shortly after starting or increasing their dose.

Health-care professionals should instruct patients to discontinue the drug and seek medical attention if they experience severe abdominal pain, bloody stools, or symptoms of a hypersensitivity reaction.

Reference:
Revisions of precautions, PMDA, October 2025 and

March 2026 (link to source within www.pmda.go.jp).

Pegylated liposomal doxorubicin

Risk of renal-limited thrombotic microangiopathy

Europe. The PRAC has requested MAHs to amend the product information and package leaflet for pegylated liposomal doxorubicin (Caelyx®) to include renal-limited thrombotic microangiopathy (clogging of very small blood vessels in the kidneys) as an adverse effect.

Pegylated liposomal doxorubicin is indicated for treating metastatic breast cancer (with high cardiac risk), advanced ovarian cancer (post-first-line platinum failure), progressive multiple myeloma (in combination with bortezomib), and AIDS-related Kaposi's sarcoma.

This recommendation follows a review of the case reports in EudraVigilance and the literature, including the cumulative review submitted by the MAH/s.

Reference:
PRAC recommendations on signals, EMA, 12-15 January 2026 (link to the source within www.ema.europa.eu)

Triazolam

Revision of precautions regarding Co-administration with ceritinib

Japan. The Ministry of Health, Labour and Welfare (MHLW) and the Pharmaceuticals and Medical Devices Agency (PMDA) have announced that the "precautions" section for triazolam has been revised to include ceritinib as a contraindicated drug for co-administration.

Triazolam is a benzodiazepine derivative used as a hypnotic and sedative for the treatment of insomnia. Ceritinib, an antineoplastic agent, is an inhibitor of the enzyme CYP3A4.

The rationale for this contraindication is based on the mechanism of metabolism. Because both triazolam and ceritinib are metabolized by the same enzyme (CYP3A4), the co-administration of ceritinib inhibits the metabolism of triazolam. This can lead to a significant rise in triazolam blood concentrations, potentially enhancing its sedative effects and prolonging the duration of its action.

Health-care professionals should not co-administer triazolam with ceritinib to avoid the risk of excessive central nervous system depression.

Reference:
Revision of precautions, MHLW/PMDA, 17 March 2026 (link to PMDA within www.pmda.go.jp).

Vitamin B6 (pyridoxine, pyridoxal, or pyridoxamine)

Risk of peripheral neuropathy

Australia. TGA has updated the labelling requirements and scheduling for medicines containing vitamin B6 (pyridoxine, pyridoxal, or pyridoxamine). Specifically, the TGA has implemented a change where products providing a daily dose of vitamin B6 exceeding 100 mg are now classified as pharmacist only medicines (Schedule 3), moving them out of general sales. Furthermore, all medicines containing more than 10 mg of vitamin B6 must now include a prominent warning on the label regarding the risk of peripheral neuropathy.

Vitamin B6 is a water-soluble vitamin found in many health supplements, including multivitamins and B-complex preparations.

Peripheral neuropathy is a known adverse effect of vitamin B6 toxicity, characterized by tingling or numbness. The TGA reviewed evidence from scientific literature and post-market adverse event data which identified that peripheral neuropathy can occur at lower doses (less than 50 mg per day) than previously recognized. As of October 2025, the TGA recorded 250 reports of neuropathy associated with vitamin B6. The risk is also associated with long-term use and individual variations in metabolism.

Health-care professionals are advised to be aware that peripheral neuropathy can occur even in low daily doses and when assessing patients

for this event, clinicians should inquire about the use of complementary medicines, specifically those containing vitamin B6.

Patients are advised to stop use and see a health-care practitioner if they experience tingling, burning or numbness in the hands and feet.

Reference:
Medicine Safety Update, TGA 25 November and 19 February 2026.(link to source within www.tga.gov.au)

Zoledronic acid

Use in elderly patients and risk of adverse reactions

New Zealand. Medsafe has issued a clinical reminder regarding the use of zoledronic acid in elderly patients, highlighting the increased risk of post-dose systemic reactions and renal impairment in this demographic.

Zoledronic acid is a bisphosphonate used for treating osteoporosis and Paget's disease. In the elderly, it is often preferred due to its once-yearly intravenous administration, which overcomes adherence issues associated with oral bisphosphonates.

Data indicates that elderly patients (aged 65 and over) may be more susceptible to acute phase reactions, such as fever, myalgia, and arthralgia, typically occurring within three days of infusion. Furthermore, age-related declines in renal function increase the risk of nephrotoxicity, especially if the patient is dehydrated or taking concomitant nephrotoxic medications.

Health-care professionals should assess renal function (creatinine clearance) before each dose. Patients must be adequately hydrated prior to and after administration. Paracetamol or ibuprofen administered shortly after infusion may reduce the incidence of acute phase reactions.

Reference:
Prescriber update, Medsafe, 1 March 2026 (link to the source within www.medsafe.govt.nz)

Call for submissions

We are very keen to make this newsletter even more useful to all our readers. We are calling out to all national medical products regulatory authorities to send us the latest information on safety and regulatory actions on medicinal products from their countries.

We also welcome short reports on any recent events or achievements in pharmacovigilance in your country.

All submissions will be reviewed for relevance and subject to the WHO internal selection, editorial review, and clearance process.

Please send your submissions or questions to: pvsupport@who.int

Atomoxetine

Risk of gynaecomastia

New Zealand. Medsafe is investigating the risk of gynaecomastia with the use of atomoxetine.

Gynaecomastia is a benign endocrine disorder in males characterised by the proliferation of glandular breast tissue and localised fat deposition, resulting in breast enlargement.

Atomoxetine is indicated for the treatment of attention-deficit/hyperactivity disorder (ADHD).

The investigations were prompted following a report to the pharmacovigilance database in a 36-year-old male patient who experienced gynaecomastia following an increase in dose of atomoxetine. Gynaecomastia is not currently listed in the patient information; however, it is a known adverse reaction for other ADHD medicines.

Medsafe has placed this concern on its Medicines Monitoring scheme and is encouraging both health-care professionals and consumers to report any suspected cases.

Reference:
Safety information, Medsafe, 15 December 2025 (link to the source within www.medsafe.govt.nz)

Dulaglutide

Risk of sleep disorders

Saudi Arabia. The SFDA has posted an alert on its website for a safety signal identified for sleep disorders associated with the use of dulaglutide.

Dulaglutide is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated for the treatment of type 2 diabetes mellitus and to reduce the risk of major cardiovascular events.

A signal review conducted in January 2026 by the SFDA signal detection team analysed reports from the National Pharmacovigilance Center (NPC) and VigiBase. The review identified 104 global ICSRs in VigiBase, although no local cases were found. A causality assessment of the extracted cases determined that one case was "probably" linked to dulaglutide and two cases showed a "possible" association. It was concluded that the weighted cumulative evidence from the assessed cases and literature is suggestive of a causal link.

The association is further supported by a published study and is currently listed in the drug monographs of other regulatory authorities, such as Canada. Health-care professionals are advised to be aware of this potential risk, which encompasses a broad range of clinical sleep problems.

The SFDA is evaluating the need for further regulatory actions to mitigate this potential risk.

Reference:
Safety Alerts, SFDA. 1 February 2026 (link within **www.sfda.gov.sa**)

Glucagon-like peptide-1 (GLP-1) analogues

Reminder of certain safety aspects

Ireland. The Health Products Regulatory Authority (HPRA) has issued a reminder regarding several safety aspects of GLP-1 analogues (including semaglutide, dulaglutide, and liraglutide) following reviews by the European Medicines Agency's (EMA) Pharmacovigilance Risk Assessment Committee (PRAC).

Non-arteritic Ischemic Optic Neuropathy (NAION): Evidence suggests semaglutide is associated with an approximately two-fold increase in the risk of NAION, a rare but serious condition causing sudden vision loss. Health-care professionals should advise patients to seek immediate ophthalmological examination for sudden vision changes; semaglutide must be discontinued if NAION is confirmed.

Aspiration Risk during Anaesthesia:

Due to delayed gastric emptying, cases of pulmonary aspiration have occurred during general anaesthesia or deep sedation. Product information now advises clinicians to consider the risk of residual gastric contents before procedures. Patients should inform their surgical teams if they are using these medicines.

Acute Pancreatitis and Pregnancy:

Acute pancreatitis remains a known risk; treatment must be discontinued if suspected and not restarted if confirmed. Furthermore, GLP-1 analogues are generally not recommended or should not be used during pregnancy. Clinicians should consult substance-specific product information regarding contraception and pregnancy planning.

Reference:
Drug Safety Newsletter, HPRA, December 2025 (link to the source within www.hpra.ie)

New Zealand: Medsafe issued a monitoring communication regarding the risk of acute persistent visual loss in patients using glucagon-like peptide-1 (GLP-1) receptor agonists, including dulaglutide, liraglutide, semaglutide, and tirzepatide.

While current New Zealand data sheets list potential temporary worsening of diabetic retinopathy, they do not yet include permanent visual loss or non-arteritic anterior ischaemic optic neuropathy (NAION) as known adverse effects. However, Medsafe is investigating serious ocular conditions that can lead to irreversible damage. These include NAION—a rare condition involving impaired blood flow to the optic nerve—as well as retinal vein occlusion and optic neuritis.

The investigation was prompted by international literature and local signals. As of late 2024, the New Zealand Pharmacovigilance Database received two significant reports involving semaglutide: one case of NAION and one case of central retinal vein occlusion, both occurring within weeks of treatment initiation.

Medsafe has placed this safety concern on its Medicines Monitoring (M2) scheme to gather more data and determine if these products contribute to such events. Health-care professionals and consumers are encouraged to report any instances of sudden, persistent vision loss. The monitoring period is scheduled to remain open until 26 July 2026. Patients are advised not to discontinue their medication without consulting a health-care professional but should seek immediate medical attention if they experience sudden visual changes.

Reference: Medsafe Safety Communication, 26 January 2025 (www.medsafe.govt.nz).

Liraglutide

Risk of hepatocellular carcinoma

Saudi Arabia The SFDA has posted an alert on its website for a safety signal identified for hepatocellular carcinoma (HCC) associated with the use of liraglutide.

Liraglutide is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated for lowering blood sugar in adults with type 2 diabetes and reducing the risk of major cardiovascular events.

A signal review conducted in January 2026 by the SFDA signal detection team utilized the Saudi National Pharmacovigilance Center (NPC) database, VigiBase, and literature screening. The review identified 29 global ICSRs in VigiBase. Causality assessment using WHO tools determined that three cases showed a possible association with liraglutide, while 26 cases were unassessable due to insufficient data. Additionally, the search identified one published study suggesting a possible link between the drug and HCC risk.

Based on the cumulative evidence, the SFDA recommends that health-care professionals be aware of this potential risk in patients receiving liraglutide. The SFDA is evaluating the need for regulatory actions to mitigate this potential risk.

Reference:
Safety Alerts, SFDA. 1 February 2026 (link within **www.sfda.gov.sa**)

Onasemnogene abeparvovec

Risk of Pneumonia

Saudi Arabia. The SFDA has posted an alert on its website for a safety signal identified for risk of pneumonia associated with onasemnogene abeparvovec

Onasemnogene abeparvovec is an adeno-associated virus vector-based gene therapy used to treat spinal muscular atrophy (SMA) with bi-allelic mutations in the SMN1 gene. The SFDA's signal review, conducted in December 2025, identified 97 global case reports in VigiBase. A causality assessment of 19 high-completeness cases found that 14 were possibly linked to the medication.

Evidence from literature and the Canadian drug monograph further supports this potential causal association. Health-care professionals are advised to remain vigilant for signs of pneumonia, such as difficulty breathing, fever, and cough, in patients receiving this therapy. The SFDA is evaluating the need for regulatory actions to mitigate this potential risk.

Reference:
Safety Alerts, SFDA. 1 February 2026 (link within **www.sfda.gov.sa**)

Summary of recommendations from the twenty-fourth meeting of the WHO Advisory Committee on Safety of Medicinal Products (ACSoMP)

The World Health Organization (WHO) Advisory Committee on Safety of Medicinal Products (ACSoMP) held its twenty-fourth meeting on 24 to 25 November 2025 as a hybrid event with members participating both in person in Geneva and virtually. Established in 2003, ACSoMP is an independent expert advisory body that provides advice to the Director-General of WHO on pharmacovigilance policies and issues related to the safety of medicinal products.[1]

The November 2025 meeting reviewed progress on previous ACSoMP recommendations and addressed key safety issues related to priority products that may be considered for inclusion, or have already been included in WHO clinical guidelines, the WHO Essential Medicines List /EML) and the WHO prequalification programme. Discussions covered medicines such as lenacapavir for HIV prevention (pre-exposure prophylaxis (PrEP)),[2] moxidectin for onchocerciasis, and glucagon-like peptide-1 (GLP-1) receptor agonists which have received conditional recommendations in the newly launched WHO guideline on the use of glucagon-like peptide (GLP-1) therapies for the treatment of obesity in adults.[3]

Safety monitoring of moxidectin in mass drug administration

Moxidectin is an oral macrocyclic lactone with potent microfilaricidal activity against *Onchocerca volvulus*. Compared with ivermectin, single-dose moxidectin achieves deeper and more sustained suppression of skin microfilariae, a key reservoir for transmission of onchocerciasis. WHO has not yet issued programmatic recommendations on moxidectin but evidence generation for guideline development and listing in the Essential Medicines List (EML) and the Essential Medicines List for children (EMLc) are underway. The Committee reviewed results from manufacturer safety studies in the Democratic Republic of the Congo (DRC) and Côte d'Ivoire, as well as experiences of roll-out of moxidectin in mass drug administration (MDA) in Ghana.

Summary of ACSoMP conclusions and recommendations:

- The risk of serious events such as encephalopathy in recipients infected with *Loa loa* is well understood on the basis of experience with ivermectin, warranting additional risk minimization measures to prevent such adverse drug reactions (ADRs) in affected patients. Testing for Loa loa is important in regions where the infection is present. National public health programmes (with the support of WHO) should perform mapping of regions where Loa-loa is endemic to support implementation of relevant risk minimization efforts.
- The Committee recommends that countries enhance spontaneous reporting mechanisms or strengthen existing pharmacovigilance (PV) systems in regions targeted for MDA activities, including by supporting community health workers to report and conduct investigations on serious adverse events. Integration of these data into national PV databases and NTD programme systems is essential. Additionally, health-care workers should be trained on how to detect, counsel patients and manage Mazzotti and hypersensitivity reactions as well as reporting ADRs.
- Data on efficacy and safety of moxidectin in pregnancy are lacking and, given that pregnancy exposures are highly likely in MDAs, active follow-up of pregnancy exposures is important. The

[1] Terms of Reference for the Advisory Committee on Safety of Medicinal Products (ACSoMP). Geneva: World Health Organization; November 2023 (https://www.who.int/publications/m/item/acsomp-terms-of-reference).
[2] Guidelines on lenacapavir for HIV prevention and testing strategies for long-acting injectable pre-exposure prophylaxis. Geneva: World Health Organization; 2025 (https://www.who.int/publications/i/item/9789240111608). Licence: CC BY-NC-SA 3.0 IGO.
[3] WHO guideline on the use of glucagon-like peptide-1 (GLP-1) therapies for the treatment of obesity in adults. Geneva: World Health Organization; 2025 (www.who.int/publications/i/item/9789240111608).

Committee recommends establishing pregnancy exposure registries or leveraging existing registries to follow up actively both moxidectin exposures and pregnancy outcomes.
- The Committee emphasizes the need for targeted research on repeated annual dosing safety, pregnancy and lactation outcomes, drug–drug interactions with other medicines for neglected tropical diseases, and safety in vulnerable groups such as children and elderly persons.
- The Committee looks forward to receiving updated data on safety in pregnancy and other safety data on moxidectin in the future.

Paracetamol during pregnancy and potential association with autism in offspring

The Committee reviewed WHO's approach to evaluating current scientific evidence on the use of paracetamol during pregnancy and its possible association with autism spectrum disorder (ASD) and attention deficit-hyperactivity disorder (ADHD). The Committee discussed the recent umbrella review that assessed the possible association between paracetamol, pregnancy and ASD and ADHD, recognizing the methodological limitations of existing studies and concluded that there is no robust evidence to support a causal link between paracetamol use in pregnancy and the risk of ASD and ADHD. The Committee emphasized the importance of considering the potential risks of untreated pain and fever in pregnancy, noting that these data are also limited. Consideration should be given to the known serious safety risks of alternatives such as nonsteroidal anti-inflammatory drugs and opioids and the limited data to support efficacy in the case of the opioids.

ACSoMP reinforced the importance of developing a fit-for-purpose communication strategy that educates the public on statistical challenges such as confounding and bias, the evolving definition of outcomes such as ASD and the challenge of assessing the safety of sporadic and often over-the-counter exposures as with paracetamol use. Communications need to be framed in the context of known evidence of benefit and the potential risk of alternative treatments, the potential risks of untreated fever and pain and the importance of always using the lowest most effective dose for the shortest duration of treatment. Engaging with women and their families as well as affected populations is critical in developing a sound communication strategy.

ACSoMP also stressed the need for leadership in developing guidelines on robust post-marketing surveillance studies in pregnancy and the importance of ensuring that methodologies are robust, taking into consideration clear definition of exposures and outcomes while controlling for or addressing for confounding and bias where feasible. Systematic reviews should assess the quality of studies they include in their analysis.

Summary of ACSOMP recommendations:

- The Committee supports WHO's efforts to perform a living systematic review. The PICO questions in the review should assess whether studies looked at timing of exposure, dose, duration and frequency of treatment, the clinical/public health significance of any risk identified and the consistency and comparability of the assessment of outcomes.
- The Committee noted that the studies claiming an association are of poor quality and not conducted according to accepted scientific standards for pharmacoepidemiology.
- The Committee highlighted the need for clear and unambiguous communication with the public, so that pregnant women are not unintentionally driven towards other analgesics with known serious and potentially life-threatening risks for the fetus and neonate.
- The Committee emphasized the need for robust post-marketing surveillance to assess the safety of medicines used in pregnant and breastfeeding women

Teratogenic concerns of topiramate and updates on sodium valproate regional initiatives

The Committee reviewed whether maternal use of the antiseizure medicine topiramate justifies a unique ICD-11 classification for neurodevelopmental disorders following a recommendation made by ACSoMP in May 2024. While topiramate is associated with a known increased risk of oral clefts in infants born to mothers exposed to the medicine, evidence of neurodevelopmental disorders remains conflicting and less robust than the evidence for sodium valproate.

ACSoMP was also updated on regional initiatives related to safety issues with valproate during pregnancy.

Summary of ACSoMP recommendations:

- The Committee does not recommend proceeding with ICD coding for topiramate-related neurodevelopmental disorders at this point, as evidence is insufficient and inconclusive. Studies show mixed results, lack specificity, and have major confounding. This potential association should be treated as a potential safety signal and monitoring should continue.

Adverse drug reactions causality assessment

This session focused on updating the Committee on the development of a standardized methodology for causality assessment of adverse drug reactions that integrates existing methodologies for assessing adverse reactions, medication errors and substandard or falsified (SF) products.

ACSoMP members were positive about the proposed system and felt that consideration of medication errors would be very important as they may link to other types of errors within a clinic or pharmacy. It was stressed that the proposed method offered an opportunity to address gaps in the current pharmacovigilance system. However, members also observed that the proposed methodology could be difficult to use even in countries with more mature pharmacovigilance systems because obtaining detailed data could be difficult due to data-privacy laws.

ACSoMP members agreed that any tool recommended by the Committee must be appropriate for use in all countries, whatever their socioeconomic status. Members of the Committee expressed broad interest in the proposed system and requested that it be developed further.

Safety surveillance of lenacapavir and cabotegravir in pregnant and breastfeeding women

Currently available safety data from clinical trials and implementation studies for the use of long-acting cabotegravir and lenacapavir as pre-exposure prophylaxis (PrEP) products in pregnant and breastfeeding women were presented to ACSoMP. While current data are reassuring, there is a need for more data to detect rare and uncommon adverse birth outcomes. The Committee noted that lenacapavir in particular is likely to be used widely in women of child-bearing potential and pregnant women in countries with a high prevalence of HIV.

Summary of ACSOMP recommendations:

- The Committee emphasized the need for post-marketing surveillance of these products, particularly in pregnancy, including support for implementing safety surveillance studies and pregnancy exposure registries in high-prevalence settings as well as reporting of pregnancy exposures to the Antiretroviral Pregnancy Registry.
- The Committee further recommended that longer-term follow-up surveillance and studies be conducted in infants exposed to these medicines *in utero*.
- Concerns about the potential for inappropriate administration or incorrect dosing schedules (i.e. inadvertent administration within 6 months) were raised given the long half-life of the medicines and reports indicating these risks in the WHO database of individual case safety reports, VigiBase. The Committee requested that these potential risks be considered in risk minimization efforts as part of any rollout of these products with clear record-keeping of timing of their exposures in women.

- The Committee recommended that efforts continue to increase collaboration between the different teams in WHO to ensure harmonization and to support the safety monitoring of maternal and newborn health.
- The Committee requested updates on the programmatic safety monitoring and final results of the implementation studies of these products.

NAION as a potential class effect of GLP-1 receptor agonists

GLP-1 Receptor Agonists (GLP-1 RAs) are indicated for the treatment of insufficiently controlled type 2 diabetes as an adjunct to diet and exercise, used either as monotherapy or in combination with other medicinal products to improve glycaemic control and reduce the risk of cardiovascular complications or weight-related comorbidities. ACSoMP evaluated whether Non-Arteritic Anterior Ischemic Optic Neuropathy (NAION) – a rare condition leading to vision loss – is a class effect of GLP-1 receptor agonists (GLP-1 RAs). Following the ACSoMP meeting in May 2025 the association remains a signal requiring further investigations. Evidence is primarily driven by semaglutide data, while data for other agonists remain limited.

Summary of ACSoMP recommendations:

- The Committee confirms that NAION is a safety signal driven primarily by semaglutide data, and hence a class effect among all GLP-1 RAs cannot yet be determined. The association with semaglutide cannot be ruled out, despite inadequate evidence of a plausible biological mechanism (e.g. rapid glucose reduction). NAION is a very rare, serious and irreversible adverse event.
- A clear communication message must be developed and integrated into the rollout campaign accompanying the *WHO guideline on the use of glucagon-like peptide-1 (GLP-1) therapies for the treatment of obesity in adults* along with warnings on counterfeit use and misuse. This messaging is crucial given the increasing global use of GLP-1 RAs and concerns about unregulated use of these medicines. The message must clearly explain the rarity and potential irreversibility of NAION, encourage patients to report any sudden vision changes promptly, and reinforce the necessity of shared decision-making between the prescriber and the patient.
- Research must address evidence gaps by focusing on mechanistic studies, performing stratified analyses to find populations most at risk, consideration of confounding factors and improving case detections in specialized databases to ensure diagnostic accuracy. It is currently unknown whether stopping the medicine prevents the progression of NAION.