

Prescribing and Medicines Optimisation Guidance

Issue: 127

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Safety guidance

1. Drug Safety Update: Isotretinoin – changes to prescribing guidance and additional risk minimisation measures [LINK](#)

The Commission on Human Medicines (CHM) has endorsed changes to the risk minimisation measures for isotretinoin, following a review of the impact of the measures implemented in 2023. Healthcare professionals are asked to review these new measures and supporting materials and integrate them into their clinical practice.

2. Drug Safety Update: Falsified Mounjaro KwikPen 15mg pre-filled pens [LINK](#)

A falsified version of Mounjaro (tirzepatide) KwikPen 15mg solution for injection has been found supplied through one online pharmacy in the UK. The falsified product is labelled with batch D873576 and applies to Mounjaro KwikPen 15mg solution for injection in pre-filled pen only. Please see the link above for advice for healthcare professionals.

3. Drug Safety Update: Semaglutide (Wegovy, Ozempic and Rybelsus): risk of Non-arteritic Anterior Ischemic Optic Neuropathy (NAION) [LINK](#)

Non-arteritic anterior ischemic optic neuropathy (NAION), a condition that can cause sudden deterioration in vision, usually in one eye at a time, has been very rarely reported in association with semaglutide in the treatment of type 2 diabetes, weight management and cardiovascular risk reduction. Patients reporting a sudden loss of vision (including partial loss) while on semaglutide treatment should be urgently referred for ophthalmological examination.

4. Drug Safety Update: IXCHIQ Chikungunya vaccine: updates to restrictions of use following safety review [LINK](#)

Following the completion of a safety review and the recommendations of the Commission on Human Medicines (CHM), the IXCHIQ Chikungunya vaccine is no longer indicated for adults over the age of 60 years, and is contraindicated in all individuals with hypertension, cardiovascular disease, diabetes mellitus, and/or chronic kidney disease. This action follows very rare fatal reactions, and other serious adverse reactions reported globally last year. In addition, the CHM have advised that the IXCHIQ vaccine should be given no later than 30 days prior to travel.

5. Drug Safety Update: GLP-1 receptor agonists and dual GLP-1/GIP receptor agonists: strengthened warnings [LINK](#)

The product information for all Glucagon-Like Peptide-1 (GLP-1) receptor agonists and dual GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonists has been further updated

to highlight the potential risk of severe acute pancreatitis with these products, including rare reports of necrotising and fatal pancreatitis.

Local guidance

6. Hay fever and promotion of Selfcare

The NHS England 2024 guidance on 'conditions for which over the counter (OTC) medicines should not routinely be prescribed in primary care' includes mild to moderate hay fever.

Many preparations for the treatment of hay fever can be purchased by patients from pharmacies without a prescription, including **fexofenadine 120mg tablets** (when over 12 years of age). These medications are often cheaper than the NHS prescription charge.

Please note fexofenadine 180 mg tablets are indicated in adults and children 12 years and older for the relief of symptoms associated with chronic idiopathic urticaria, not for seasonal allergic rhinitis.

Prescribers are encouraged to promote self-care of hay fever symptoms as the new season shortly begins. For patients unsure of hay fever symptoms and treatment can be referred to Minor illness Pharmacy First in community pharmacy, where they can receive a consultation and discuss options of hay fever medicines they can purchase over the counter.

Useful links include:

- Promotion of self-care [LINK](#)
- ICS OTC Position statement and Patient information leaflet can be found [here](#)
- Intervention briefs, posters and digital screens can be found [here](#)

7. Levemir discontinuation HLOW system approach

Levemir® insulin is being discontinued, and all current patients need to be switched to an alternative insulin by **September 2026**.

Information on switching to alternative products can be found in the new guidelines: Discontinuation of Levemir (insulin detemir): Joint guidance from ABCD and PCDO Society - PCDO Society [LINK](#).

Practices are advised to:

- Identify a lead within your practice/PCN to manage the practice list and ensure that patients are booked in for review throughout the remaining period from now until September 2026.
- For practices/PCNs without capability to support patients to switch insulin, your patients will need to be referred to an appropriate service. Please do this asap.
- Practices with capability will need to triage patients:
 - Complex patients who need specialist support. Please refer asap.
 - Patients who can be managed within the practice/PCN. Please book these patients in for review.
 - Any patients you review who need specialist input can be referred on an ad hoc basis. More complex patients, who the practice is planning to manage, should be prioritised in case specialist input is required.

A managed approach to the existing available insulins is required to prevent shortages as supply chains adapt to increasing demand. Practices are requested where possible to alternate their use of Lantus® and Abasaglar® where insulin glargine is an appropriate switch. Semglee®, has supply shortages and should be avoided.

Please refer patients using your usual pathways to your local diabetes services. All specialist services are aware of the need to support practices with managing patients transitioning from Levemir®.

NICE guidelines

8. Type 2 diabetes in adults: management – guidance (NG28) [LINK](#)

NICE have reviewed the evidence on medicines for type 2 diabetes and have made and updated recommendations for people with no relevant comorbidities and for people with common comorbidities. Updates include new recommendations on metformin, SGLT-2 inhibitors, GLP-1 RAs, DPP-4 inhibitors, sulfonylureas and pioglitazone. They also made changes to recommendations on insulin, in the context of the withdrawal of insulin products and known brand shortages.

Other

9. UHS Proactive Identification for Inclisiran

UHS will be proactively identifying eligible inpatients who may benefit from inclisiran (Leqvio) to support improved lipid control where a recognised treatment gap persists, in line with [NICE TA733](#). When a patient receives their first dose during an inpatient stay, this will be clearly documented on their discharge summary.

There is a current Locally Commissioned Service (LCS) available to GP practices in Hampshire and Isle of Wight, for the prescribing and administration of inclisiran.

UHS asks that GPs provide subsequent doses in primary care: the **second dose at 3 months**, followed by dosing **every 6 months thereafter**, in those practices who are participating in the LCS. All patients will receive education and information before discharge and will be provided with an information card.

Inclisiran is classified as a green medicine on the local formulary. Its ▼ black triangle status has recently been removed, reflecting its well-established safety profile. Primary care prescribing guidance can be found here: [inclisiran prescribing information](#)

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Local medicines optimisation teams can be contacted via their generic team mailbox: See [LINK](#)

Previous bulletins can be found hosted on the ICS website here: [LINK](#)