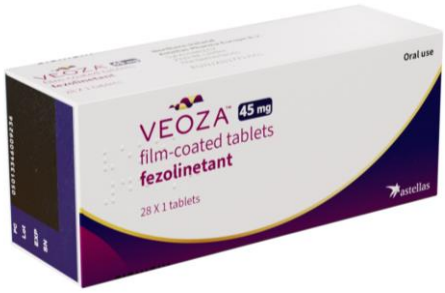
# Medicines Safety Bulletin

## August 2025

### Risk of liver injury with fezolinetant (Veoza)




A new review of safety data has shown that patients who are taking fezolinetant may be at risk of serious liver injury. Fezolinetant should now be avoided for patients with existing liver disease and those with a known higher risk of liver disease. In all patients, increased monitoring of liver function tests during treatment is now also required.

Fezolinetant, brand name 'Veoza', is a non-hormonal receptor blocker that can be used to treat moderate-to-severe vasomotor symptoms associated with the menopause. These symptoms can include hot flushes, night sweats, increased heart rate, dizziness and anxiety. It is not available on the NHS so is currently only available on private prescriptions.

Advice for staff:

- Ask patients if they take any medications that are privately prescribed, document the information in their patient record and alert the treating team
- Advise patients taking fezolinetant to seek medical attention if they develop a sign or symptom of liver injury, e.g. fatigue, itching, jaundice, dark urine, vomiting, decreased appetite or abdominal pain
- Report adverse reactions to medicines via the MHRA Yellow Card website

### Shortage of antimicrobial agents used in tuberculosis treatment

Ongoing national supply constraints are affecting several anti-tuberculosis medicines, particularly rifampicin and rifampicin-containing formulations such as Voractiv®, Rifater® and Rifinah®.

This shortage affects both oral and injectable formulations and is likely to last until at least early 2026. As per the National Patient Safety Alert and recommendations, it is essential to conserve stock and prioritise use for patients with active tuberculosis (TB), latent TB (risk stratified),



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and non-tuberculous mycobacterial (NTM) infections (ongoing treatments only).

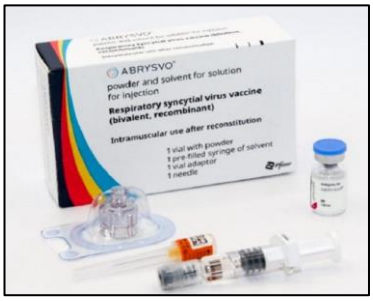
### What are KHP Trusts are doing to mitigate the shortage?

- Specialist teams will assess patients according to the national guidance provided.
- Pharmacy teams are actively monitoring stock levels and obtaining alternative supplies (including importing of medicines that do not have a UK marketing authorisation).

### Advice for staff:

- Prescribers should consult local Infectious Disease specialists to identify appropriate alternatives to rifampicin when managing indications other than tuberculosis or NTM infections.
- Pharmacies should supply no more than one month's supply at a time for active TB, latent TB (risk stratified) and non-tuberculous mycobacterial disease (ongoing treatments only). This may require part-pack dispensing.
- Refer TB patients to the specialist team for review, including those on TB drugs admitted to hospital for unrelated conditions.
- Counsel patients on any medication changes.

## Respiratory syncytial virus vaccination and risk of Guillain-Barré syndrome in over-60s




The MHRA advises that there is a newly identified small risk of Guillain-Barré syndrome following vaccination for respiratory syncytial virus in adults aged over 60 years.

Guillain-Barré syndrome is a rare neurological disorder where the body's immune system attacks motor and sensory neurones. Symptoms include muscle weakness, tingling or numbness in the extremities, and in severe cases, paralysis and breathing difficulties.

### Advice for staff:

- Healthcare professionals should advise recipients of Abrysvo▼ and Arexvy▼ RSV vaccines to be alert to symptoms of Guillain-Barré syndrome and to seek immediate medical attention if symptoms occur.

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