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Tuberculosis testing not necessary for IL-17 or IL-23 inhibitor therapy for chronic plaque psoriasis (January 2026)

Historically, testing for latent tuberculosis (TB) has been the standard of care for all patients treated with biologic therapies for psoriasis. **In 2025, the National Psoriasis Foundation and International Psoriasis Council released a joint consensus statement advising against routine testing for TB in patients treated with interleukin (IL)-17 or IL-23 inhibitors for psoriasis**. The statement was based on clinical trials and other data that support the safety of these therapies in patients with latent TB. We agree with this approach as well as the consensus position that testing for latent TB may still be preferred in certain scenarios (eg, TB-endemic areas and patients on concomitant immunosuppressive medications). These recommendations do not apply to ustekinumab, a biologic inhibitor of both IL-12 and IL-23. [1]

New ADA Standards of Care for Overweight and Obesity (January 2026)

The American Diabetes Association has issued first-ever *Standards of Care in Overweight and Obesity*, with a focus on pharmacologic treatment. They emphasize shared decision-making when selecting an obesity medication, incorporating factors such as cost, access, tolerability, adverse effects, and individual preferences. They also emphasize the need for lifestyle therapy in combination with long-term pharmacotherapy to achieve and maintain long-term weight loss. Our approach is generally consistent with these guidelines, although we **preferentially use glucagon-like peptide 1 (GLP-1)-based medications when feasible due to their superior efficacy compared with other medications.** [2]

Tirzepatide and cardiovascular outcomes in adults with type 2 diabetes (January 2026)

Tirzepatide, a glucagon-like peptide 1 (GLP-1)-based therapy, reduces body weight and glycemia in adults with type 2 diabetes, but its effects on atherosclerotic cardiovascular disease (ASCVD) outcomes have not been established. In an active comparator trial, 13,165 participants with type 2 diabetes, overweight or obesity, and ASCVD were randomly assigned to once-weekly treatment with tirzepatide (maximum dose 15 mg) or dulaglutide (1.5 mg), a GLP-1-based therapy with cardioprotective effects. After a median follow-up of four years, the primary outcome (a composite of death from cardiovascular causes, myocardial infarction, or stroke) was not significantly different between groups (12.2 versus 13.1 percent in the tirzepatide and dulaglutide groups, respectively). **These findings support the use of tirzepatide in adults with type 2 diabetes and ASCVD, particularly when substantial body weight and/or glucose lowering is also a treatment goal.** [3]

Cessation of angiotensin-converting enzyme inhibitors and angiotensin receptor blockers during acute kidney injury (January 2026)

Data to guide the management of angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs) among patients with acute kidney injury (AKI) are lacking. In a database study that included over 15,000 patients with hospital-acquired AKI, patients who discontinued ACE inhibitor or ARB therapy within the first two days of AKI detection had a lower 30-day mortality rate compared with those who continued such therapy (4.4 versus 5.9 percent). Although observational, **these data support our practice of stopping ACE inhibitors and ARBs during the initial management of AKI**. [4]

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1. Chronic plaque psoriasis in adults: Treatment of disease requiring phototherapy or systemic therapy, accessed online via uptodate, cited on 29 Jan, 2026.
2. Obesity in adults: Drug therapy, accessed online via uptodate, cited on 29 Jan, 2026.
3. Glucagon-like peptide 1-based therapies for the treatment of type 2 diabetes mellitus, accessed online via uptodate, cited on 1st Feb, 2026.
4. Overview of the management of acute kidney injury (AKI) in adults, accessed online via uptodate, cited on 1st Feb, 2026.

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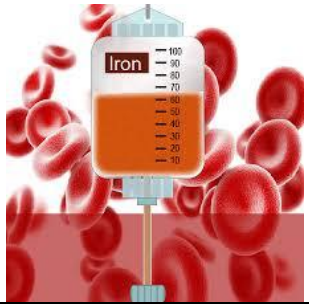
Sedation for colonoscopy with propofol compared with opioids plus benzodiazepines (December 2025)

Propofol is an essential agent for sedation for gastrointestinal endoscopy. A 2025 meta-analysis of 33 trials in patients undergoing colonoscopy compared propofol sedation with traditional combinations of opioids and benzodiazepines. Patients receiving propofol had improved recovery times and patient satisfaction scores. There were no differences between the anesthetic techniques in time required to achieve cecal intubation or in respiratory events requiring intervention. **We frequently use propofol sedation during colonoscopy, particularly for patients with a history of difficulty with sedation using opioids or benzodiazepines**. **[1]**

Safety of intravenous iron during acute bacterial infections (January 2026)

Treatment with intravenous (IV) iron is often withheld during acute infection due to concerns that microorganisms might benefit from high blood iron levels. However, a new retrospective study that tracked over 85,000 patients hospitalized with an infection (bacteremia, pneumonia, urinary tract infection, cellulitis) who also had a diagnosis of iron deficiency anemia reported that the individuals who received IV iron during the hospitalization had better survival. As examples, 14-day survival with methicillin-resistant Staphylococcus aureus (MRSA) bacteremia was 98 percent with IV iron and 95 percent without; with pneumonia, it was 96 percent with IV iron and 92 percent without. **This study does not demonstrate that IV iron improves survival, but it provides strong evidence for safety and supports timely treatment of iron deficiency in infected individuals**. **[2]**



تعميم صادر عن المؤسسة العامة للغذاء والدّواء:

إشارة الى التوصيات الصادره من قبل الجهة الصحيه الكندية بتاريخ 2024/3/27 بخصوص الأدوية التي تحتوي على المادة الفعالة (Ezitimibe) والمتضمن ما يلي:

- **Ezetimibe may cause drug-induced liver injury (DILI) and severe cutaneous adverse reactions (SCARs), including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and drug reaction with eosinophilic and systemic symptoms (DRESS).**

- **The Canadian Product Monograph (CPM) for has been updated to include warnings about these serious adverse reactions.**

وبناءا عليه، وعلى قرار لجنة المخاطر الصحية في جلستها المنعقدة بتاريخ 2025/9/24 نحيطكم علما بضرورة تحديث ال SmPC ونشرة مستحضراتكم المعنية وذلك خلال ثلاثة أشهر من تاريخه باضافة المعلومات المذكورة في رقم 1 أعلاه ضمن بند Side effect والتي تم ذكرها بأحدث PSUR للدواء الأصيل.**[3]**

American Academy of Pediatrics continues to recommend 2025 immunization schedule (January 2026)

In January 2026, the Centers for Disease Control and Prevention (CDC) **promoted a new childhood vaccination schedule that eliminated recommendations for universal vaccination against influenza, respiratory syncytial virus (RSV), coronavirus disease 2019 (COVID-19), hepatitis B, hepatitis A, rotavirus, and meningococcus**. These are now recommended only after shared decision-making or in high-risk groups. The updated vaccine schedule was modeled after those in peer nations, in particular Denmark, and not based on new epidemiologic, efficacy, or safety data. We share the concerns of the American Academy of Pediatrics (AAP) that the population, public health infrastructure, and disease risk in peer nations differ from those in the United States and agree with its recommendation to continue universal vaccination for all 18 childhood illnesses published in the AAP 2025 schedule. [4]

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Contact us:
Phone: 5804804 **Ext.**: 66787/66788, Phone**:** 06/5804524
E-mail: rmsjditc@jrms.gov.jo, **Website:** www.jrms.jaf.mil.jo