February

Better Pharmacist Knowledge

Jordan Drug Information and Toxicology Centre 2025

2025

Ultra-long-acting asthma biologic therapy (January 2025)

Biologic therapies are highly effective for severe asthma, but routine re-administration can be burdensome. In two simultaneous placebo-controlled trials of an ultra-high affinity antibody targeting interleukin-5 **(depemokimab),** 792 adolescents or adults with at least two asthma exacerbations in the past year despite medium- or high-dose inhaled glucocorticoids and an elevated blood eosinophil count were randomly assigned to depemokimab (100 mg subcutaneously every six months) or placebo and followed for one year. Patients receiving depemokimab demonstrated a substantial reduction in annualized asthma exacerbations compared with patients receiving placebo ,but no meaningful improvements in daily asthma symptoms or respiratory quality of life. Rates of adverse events were largely similar among the two groups. **These favorable results may portend regulatory approval of ultra-long-acting asthma biologics [1].**

Updated United States guidelines on perinatal HIV transmission(January 2025)

For infants born to women who have maintained a viral load <50 copies/mL on antiretroviral therapy (ART) from 20 weeks gestation through delivery, updated guidelines suggests **two weeks of prophylaxis with zidovudine**. For infants born to mothers who have viremia (HIV RNA level ≥50 copies/mL, either documented or presumed) at the time of, or in the four weeks prior to delivery, updated guidelines recommends **presumptive therapy with a three-drug antiretroviral regimen**.
For all others, guidelines engage in shared decision-making to decide between these two approaches[2].

Methylphenidate safety during pregnancy (January 2025)

Stimulants are the preferred drug class for pharmacologic therapy of ADHD in adults; however, their safety during pregnancy has not been firmly established. In a meta-analysis that evaluated fetal outcomes in over 30,000 pregnant adults with ADHD, **exposure to methylphenidate during pregnancy was not associated with an increased risk of congenital abnormality or miscarriage**.These data add to the growing literature on the safety of methylphenidate during pregnancy[3].

Revumenib for relapsed or refractory KMT2A-rearranged acute lymphoblastic leukemia (January 2025)

Revumenib is a novel inhibitor of binding of the lysine methyltransferase KMT2A with menin, which is seen in chromosome 11q23/*KMT2A*-rearranged acute lymphoblastic leukemia (ALL) and is associated with an especially poor prognosis. In a study of 57 patients with relapsed/refractory (r/r) *KMT2A*-rearranged ALL, revumenib was associated with a 63 percent response rate, including 23 percent complete remissions; 40 percent of patients were able to proceed to allogeneic transplantation. Adverse effects include differentiation syndrome, QT interval prolongation, febrile neutropenia, and embryo-fetal toxicity. Revumenib was recently approved by the US Food and Drug Administration based on these data, and updated guidlines now suggest its use for treatment of KMT2A-rearranged r/r ALL in patients ≥1 year of age[4].

References:
1.Ultra-long-acting asthma biologic therapy (January 2025), accessed online via uptodate, cited on 2ndof February 2025.
2.Updated United States guidelines on perinatal HIV transmission (January 2025)), accessed online via uptodate ,cited on 2nd of February 2025.
3. Methylphenidate safety during pregnancy (January 2025), accessed online via uptodate, cited on 2nd of February 2025.
4. Revumenib for relapsed or refractory KMT2A-rearranged acute lymphoblastic leukemia (January 2025), accessed online via uptodate,cited on 2nd of February 2025.

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تعميم صادر عن المؤسسة العامة للغذاء والدواء

إشارة الى معلومات المأمونية الدوائية الحديثة بخصوص المستحضرات الصيدلانية التي تحتوي على المادة الفعالة والتي تتضمن **lamotrigine**

Patient with specific gene, such as HLA-B*1502, when treated by medication contained lamotrigine**might increase the risk of Stevens-Johnson syndrome (SIS) and toxic epidermal necrolysis (TEN).**

•Important information about potentially life-threatening reactions:

-A small number of people taking Lamotrigine get an allergic reaction or potentially life- threatening skin reaction, which may develop into more serious problems if they are not treated. These can include **Stevens Johnson Syndrome (SJS), toxic epidermal necrolysis (TEN) and Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS).** You need to know the symptoms to look out for while you are taking Lamotrigine. This risk may be associated with a variant in genes in people from Asian origin (mainly Han Chinese and Thai). If you are of such origin and have been tested previously carrying this genetic variant (HLA B* 1502), discuss this with your doctor before taking Lamotrigine[1].

Consolidative durvalumab in limited-stage small cell lung cancer (December 2024)

For patients with unresectable, limited-stage small cell lung cancer who have not experienced progression after concurrent chemoradiation, we recommend consolidation with durvalumab.

Patients with unresectable, limited-stage small cell lung cancer (LS-SCLC) are treated with concurrent chemoradiation, but prognosis remains limited. In a randomized trial including 730 patients with inoperable stage I through III LS-SCLC who had not experienced progression after concurrent chemoradiation, two years of the immune checkpoint inhibitor durvalumab improved median overall survival compared with placebo (56 versus 33 months).
Grade 3 or 4 adverse events occurred in 24 percent of both groups. Any-grade pneumonitis occurred in 38 versus 30 percent, and grade 3 or 4 pneumonitis occurred in 3.1 versus 2.6 percent. **For patients with LS-SCLC who have not experienced progression after concurrent chemoradiation, updated guidelines now recommend consolidation with durvalumab for two years or until progression (whichever comes first).**

Durvalumab has regulatory approval in the United States for this indication [2].

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References:

1. تعليمات صادرة عن المؤسسة العامة للغذاء و الدواء (January 2025), accessed online via www.jfda.jo.com,cited on 2nd of February 2025.
2. Consolidative durvalumab in limited-stage small cell lung cancer (December 2024),accessed online via uptodate, cited on 2nd of February 2025.

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