April

Better Pharmacist Knowledge

Jordan Drug Information and Toxicology Centre 2025

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Competing risks when resuming direct oral anticoagulants after intracerebral hemorrhage (March 2025)

In patients with atrial fibrillation (AF) who have experienced an intracerebral hemorrhage (ICH), clinicians face a critical therapeutic dilemma: balancing the prevention of ischemic stroke against the risk of recurrent ICH. A recent open-label, randomized trial has provided important insights into this high-stakes decision. The study enrolled 319 patients with prior ICH and non-valvular AF, resuming DOAC therapy significantly reduced ischemic stroke risk (0.8 vs. 8.6 per 100 patient-years), but increased recurrent ICH risk (5 vs. 0.8 per 100 patient-years). All-cause mortality was similar between groups, though not statistically conclusive. These findings underscore the feasibility of reinitiating anticoagulation with a DOAC in select patients with prior ICH, particularly those at elevated risk for thromboembolic events. Importantly, the results highlight the necessity of individualized, shared decision-making that carefully weighs the competing risks of thromboembolism and hemorrhagic recurrence [1].

Aztreonam-avibactam for complicated intra-abdominal infections (March 2025)

The US Food and Drug Administration has approved aztreonam-avibactam to be used in combination with metronidazole **for treatment of complicated intra-abdominal infections (cIAI).** Aztreonam-avibactam may be particularly useful for infections due to **carbapenem-resistant Enterobacterales spp** that produce metallo-beta-lactamases. The combination drug was approved for use in Europe in 2024 [2].

Protamine dosing to reverse heparin anticoagulation after cardiopulmonary bypass (February 2025)

A European multidisciplinary taskforce has updated their guidelines for managing cardiopulmonary bypass (CPB).These guidelines suggest using point-of-care (POC) heparin-protamine titration assay or viscoelastic testing to guide protamine dosing to neutralize heparin and avoid excess protamine after weaning from CPB. If POC testing is unavailable, the protamine dose is based on the amount of heparin administered. Regardless of dosing strategy, the protamine-to-heparin dosing ratio should not be >1.0[3].

ALLERGY AND IMMUNOLOGY (February 2025)

Hen's egg allergy is no longer considered a contraindication to any vaccine, including yellow fever, influenza, MMR, and rabies. Although some vaccines contain trace amounts of egg protein (ovalbumin), recent evidence confirms these levels are too low to elicit IgE-mediated reactions, even in individuals with a history of anaphylaxis.

Routine pre-vaccination screening for egg allergy is no longer necessary. Providers should remain prepared to manage rare allergic events but no special precautions are required specifically for egg-allergic individuals [4].

References:

1. Competing risks when resuming direct oral anticoagulants after intracerebral hemorrhage (March 2025), accessed online via uptodate, cited on 8th of April 2025.
2. Aztreonam-avibactam for complicated intra-abdominal infections (March 2025), accessed online via uptodate, cited on 8th of April 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 Azathioprine

والتي تتضمن :

Azathioprine is hepatotoxic and liver function tests should be routinely monitored during treatment. More frequent monitoring may be advisable in those with pre-existing liver disease or receiving other potentially hepatotoxic therapy**. Cases of non-cirrhotic portal hypertension/ portosinusoidal vascular disease have been reported**. Early clinical signs include liver enzyme abnormalities, mild jaundice, thrombocytopenia, and splenomegaly. The patient should be informed about the symptoms of liver injury and advised to contact their doctor immediately if these occur.

Rare, but **life-threatening hepatic damage associated with chronic administration of azathioprine has been described**. Histological findings include sinusoidal dilatation, peliosis hepatis, veno-occlusive disease and nodular regenerative hyperplasia. In some cases, withdrawal of azathioprine has resulted in either temporary or permanent improvement in liver histology or the symptoms.

Suzetrigine, a first-in-class nonopioid analgesic, now available for acute pain (March 2025)

The U.S. Food and Drug Administration has approved Journavx (suzetrigine) 50 milligram oral tablets, a first-in-class non-opioid analgesic, to treat moderate to severe acute pain in adults. Suzetrigine is a selective inhibitor of the $Na_V1.8$ voltage-gated sodium channel, which is expressed in the dorsal root ganglia and is involved in transmission of nociceptive signals to the spinal cord.

Journavx is the first drug to be approved in this new class of pain management medicines [2].

Semaglutide for alcohol use disorder (February 2025)

Preliminary findings from cohort studies suggest that semaglutide, a glucagon-like peptide-1 receptor agonist- better known as Ozempic for diabetes and obesity-, **may reduce alcohol cravings and alcohol use**. In a randomized trial including participants with alcohol use disorder, nine weeks of subcutaneous semaglutide reduced weekly alcohol cravings and the number of heavy drinking days (by approximately one day per week) compared with placebo. These results suggest a potential role for semaglutide in the management of alcohol use disorder and justify the need for larger trials.

References:

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2. Suzetrigine, a first-in-class nonopioid analgesic, now available for acute pain (March 2025), accessed online via uptodate , cited on 8th of April 2025
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