Encorafenib + Diltiazem

M6961

Onderbouwend	Stof	Effect	Code
Hahn E. Clin Transl Sci 2023;16:2675-86.	encorafenib + diltiazem	↑AUCinf encorafenib 1.83x en Cmax 1.45x, t1/2 6.6→7.9h; ↓schijnbare Cl 29.0→16.0 L/h. There were no deaths, serious adverse events (AEs), or patient discontinuations due to AEs. . The most frequently reported treatment-related AEs was headache (n = 7; 44%) with diltiazem. Regime: diltiazem 240 m/dag ged. 4 dagen, encorafenib 50 mg 1-malig op dag 2; studie met 16 gezonde vrijwilligers. Conclusie: the results of this study indicate that co-administration of encorafenib with strong or moderate CYP3A4 inhibitors should be avoided.	3A
SPC + EPAR Braftovi	encorafenib + diltiazem	↑AUC encorafenib 2x en Cmax 1.45x door diltiazem bij vrijwilligers na 50 mg 1-malig encorafenib → getallen als Hahn 2023.	2A

Overig	Stof	Effect
SPC Braftovi	encorafenib + CYP3A4-remmers	voorzichtigheid bij combinatie met matige CYP3A4-remmers, zoals diltiazem.
EPAR Braftovi p.51	encorafenib	CYP3A4 is the major enzyme contributing to total oxidative clearance of encorafenib in human liver microsomes (~83.3%), followed by CYP2C19 and CYP2D6 (~16.0% and 0.71%, respectively), with CYP2C19 being the major contributor (70.1%) to the oxidative metabolism of AR0049272.

Opmerkingen
PubMed januari 2019: geen gegevens.

Risicofactoren	
Mitigerende factoren	

	Interactie	Actie	Datum
Beslissing WG OncoIA	Ja	Nee	10 april 2019