Ceritinib is a substrate of CYP3A and P-glycoprotein. Strong CYP3A inhibitors (e.g. ketoconazole and ritonavir) can increase ceritinib concentrations, and inducers (e.g. carbamazepine, phenytoin, St John's wort) can decrease them. Concomitant use of these drugs should be avoided if possible and patients should be advised not to drink grapefruit juice. If a strong CYP3A inhibitor is needed, the ceritinib dose should be reduced by one-third. Caution is urged with inhibitors and inducers of P-glycoprotein.

Ceritinib may inhibit CYP3A and CYP2C9 directly so it can affect drugs that are metabolised by these enzymes. Doses of interacting drugs may need to be reduced and drugs with a narrow therapeutic index such as fentanyl, phenytoin and warfarin should be avoided.

The solubility of ceritinib decreases as gastric pH increases therefore antacids, proton pump inhibitors and H_2 receptor antagonists can potentially reduce ceritinib's bioavailability and effect.

Up to half of the patients in the trials responded to ceritinib and on average their response lasted around 8–9 months. However, there were no comparators in the studies so it is not known how ceritinib compares to other options. Given the drug's toxicity, the benefits of treatment need to be balanced against the risk of serious and sometimes fatal adverse effects.

[X] manufacturer did not respond to request for data

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The Transparency Score is explained in New drugs: transparency, Vol 37 No 1, Aust Prescr 2014;37:27.

At the time the comment was prepared, information about this drug was available on the websites of the Food and Drug Administration in the USA and the European Medicines Agency.

A:

ANSWERS TO SELF-TEST QUESTIONS

1 False 2 True

Correction

Long-term prescribing of new oral anticoagulants

http://dx.doi.org/10.18773/austprescr.2017.025
First published 20 February 2017

The article by Paul KL Chin and Matthew P Doogue on long-term prescribing of new oral anticoagulants (Aust Prescr 2016;39:200-4) has been corrected.

In the Table "Characteristics of oral anticoagulants", the value of excretion unchanged in urine for apixaban should read 34%, not 50%.

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