DRUG INTERACTIONS

Effects of other drugs on eletriptan

CYP3A4 inhibitors: In vitro studies have shown that eletriptan is metabolized by the CYP3A4 enzyme.

Ketoconazole: A clinical study demonstrated a 3-fold increase in Cmax and about a 6-fold increase in the AUC of eletriptan when co-administered with ketoconazole. The half-life of eletriptan increased from 5.9 h to 9.9 h and the Tmax increased from 2.6 h to 3.4 h.

Enzyme inducers: A clinical study demonstrated a 2-fold increase in eletriptan Cmax and about a 4-fold increase in AUC when erythromycin was co-administered with eletriptan. This increased exposure was associated with an increase in eletriptan half-life from 2.6 h to 7.1 h.

Flucloxacillin: Co-administration of flucloxacillin and eletriptan yields about a 1.4-fold increase in Cmax and about a 2.5-fold increase in AUC of eletriptan.

Verapamil: It has also been shown that co-administration of verapamil and eletriptan yields about a 2-fold increase in Cmax, and about a 3-fold increase in AUC of eletriptan.

Propranolol: The Cmax and AUC of eletriptan were increased by 10% and 33%, respectively, following an 80 mg BID dose of propranolol administered for 7 days. No increase in blood pressure were observed. No dose adjustment is necessary for patients also taking propranolol.

MAO inhibitors: Eletriptan is not a substrate for monoamine oxidase (MAO) enzymes. Therefore, there is no expectation of an interaction between RELPAX and MAO inhibitors.

The effect of eletriptan on other drugs

The effect of eletriptan on enzyme inhibitors other than cytochrome P450 has not been investigated. In vitro human liver microsomal studies suggest that eletriptan has little potential to inhibit CYP2D6, 2C9, 2C19, and 3A4 at concentrations up to 100 μM. While eletriptan has an effect on CYP3A4 at high concentration (IC50 of about 41 μM), this effect should not interfere with metabolism of other drugs when eletriptan is used at recommended doses. There is no in vivo or in vitro evidence that clinical doses of eletriptan will induce drug-metabolizing enzymes. Therefore, eletriptan is unlikely to cause clinically important drug interactions mediated by these enzymes.

Drug-herb interactions

Interactions with herbal products have not been established.

Drug-laboratory test interactions

Interactions with laboratory tests have not been established.

SYMPTOMS AND TREATMENT OF OVERDOSE

Symptoms: No specific poisoning signs or symptoms associated with eletriptan have been identified. Symptoms or signs of an overdose are likely to reflect the direct effects of excessive 5-HT1B agonist activity or the effects of 5-HT2 agonist activity. In general, the symptoms of 5-HT1B agonist activity are likely to be similar to those of other triptans. The most frequent symptoms of an overdose are nausea, vomiting, and flushing.

Treatment: In case of overdose, standard supportive measures should be adopted. The elimination half-life of eletriptan is about 4 h, and therefore monitoring of patients after overdose with eletriptan should continue for at least 20 h, or longer if signs or symptoms persist.

There is no specific antidote to eletriptan. In cases of severe intoxication, intensive care procedures are recommended, including establishing and maintaining a patent airway, ensuring adequate oxygenation and ventilation, and monitoring and support of the cardiovascular system. It is unknown what effect hemodialysis or peritoneal dialysis has on the serum concentration of eletriptan.

For complete prescribing information, please refer to the Product Monograph. The full Product Monograph can be found at: www.pfizer.ca or by contacting the Pfizer Canada Inc. Medical Information Services at: 1-800-463-6001.