



Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection

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Maraviroc (MVC, Selzentry) (Last updated March 1, 2016; last reviewed March 1, 2016)

For additional information see Drugs@FDA: <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>

Formulations

Tablets: 150 mg and 300 mg

Dosing Recommendations

Neonate/Infant Dose:

- Not approved for use in neonates/infants.

Pediatric Dose:

- Not approved for use in children aged <18 years.
- A pediatric clinical trial is under way.

Adult Dose

When given with potent CYP3A inhibitors (with or without CYP3A inducers) including protease inhibitors (except tipranavir/ritonavir [TPV/r] and elvitegravir/ritonavir)	150 mg twice daily
When given with nucleoside reverse transcriptase inhibitors, enfuvirtide, TPV/r, nevirapine, raltegravir, and drugs that are not potent CYP3A inhibitors or inducers	300 mg twice daily
When given with potent CYP3A inducers including efavirenz and etravirine (without a potent CYP3A inhibitor)	600 mg twice daily

Selected Adverse Events

- Abdominal pain
- Cough
- Dizziness
- Musculoskeletal symptoms
- Fever
- Rash
- Upper respiratory tract infections
- Hepatotoxicity (which may be preceded by severe rash and/or other signs of systemic allergic reaction)
- Orthostatic hypotension (especially in patients with severe renal insufficiency)

Special Instructions

- Conduct testing with HIV tropism assay (see [Antiretroviral Drug-Resistance Testing in the Adult and Adolescent Antiretroviral Guidelines](#)) before using maraviroc to exclude the presence of CXCR4-using or mixed/dual-tropic HIV. Use maraviroc in patients with only CCR5-tropic virus. Do not use if CXCR4 or mixed/dual-tropic HIV is present.
- Maraviroc can be given without regard to food.
- Instruct patients on how to recognize symptoms of allergic reactions or hepatitis.
- Use caution when administering maraviroc to patients with underlying cardiac disease.

Metabolism/Elimination

- Cytochrome P450 3A4 (CYP3A4) substrate
- Dosing of maraviroc in patients with hepatic impairment: Use caution when administering maraviroc to patients with hepatic impairment. Because maraviroc is metabolized by the liver, concentrations may be increased in patients with hepatic impairment.

- Do not use maraviroc in patients with creatinine clearance <30 mL/min who are receiving potent CYP3A4 inhibitors or inducers.
- Dosing of maraviroc in patients with renal impairment: Refer to the manufacturer's prescribing information.

Drug Interactions (see also the [Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents](#) and <http://www.hiv-druginteractions.org/>)

- *Absorption*: Absorption of maraviroc is somewhat reduced with ingestion of a high-fat meal; however, maraviroc can be given with or without food.
- *Metabolism*: Maraviroc is a CYP3A4 and p-glycoprotein (Pgp) substrate and requires dosage adjustments when administered with CYP- or Pgp-modulating medications.
- Before administration, a patient's medication profile should be carefully reviewed for potential drug interactions with maraviroc.

Major Toxicities

- *More common*: Cough, fever, upper respiratory tract infections, rash, musculoskeletal symptoms, abdominal pain, and dizziness.
- *Less common (more severe)*: Hepatotoxicity that may be preceded by evidence of a systemic allergic reaction (such as pruritic rash, eosinophilia or elevated immunoglobulin) has been reported. Serious adverse events occurred in fewer than 2% of maraviroc-treated adult patients and included cardiovascular abnormalities (e.g., angina, heart failure, myocardial infarction), hepatic cirrhosis or failure, cholestatic jaundice, viral meningitis, pneumonia, myositis, osteonecrosis, and rhabdomyolysis.

Resistance

HIV tropism assay should be performed before use. The International AIDS Society-USA (IAS-USA) maintains a list of updated resistance mutations (see http://iasusa.org/sites/default/files/tam/october_november_2015.pdf#page=10). Clinical failure may also represent the outgrowth of CXCR4-using (naturally resistant) HIV variants.

Pediatric Use

The pharmacokinetics (PK), safety, and efficacy of maraviroc in patients aged <18 years have not been established. A dose-finding and efficacy study is under way in children aged 2 to 17 years.^{1,2} In this trial, maraviroc dose is based upon body surface area and the presence or absence of a potent CYP3A4 inhibitor in the background regimen. Preliminary PK data are encouraging in those on a potent CYP3A4 inhibitor, but low exposures were seen in those not on a potent CYP3A4 inhibitor. Enrollment and follow-up with participants in this trial continues.

References

1. Vourvahis M. Update from Study A4001031: maraviroc pharmacokinetics in CCR5-tropic HIV-1-infected children aged 2 to < 18 years. Presented at: The 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention. 2013. Kuala Lumpur, Malaysia.
2. Giaquinto C. Safety and efficacy of maraviroc in CCR5-tropic HIV-1-infected children aged 2 to < 18 years. Presented at: 7th IAS Conference on HIV Pathogenesis Treatment and Prevention. 2013. Kuala Lumpur, Malaysia.