**Entry Inhibitors**

<table>
<thead>
<tr>
<th>Glossary of Terms for Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Carcinogenic:</strong> Producing or tending to produce cancer</td>
</tr>
<tr>
<td>• Some agents, such as certain chemicals or forms of radiation, are both mutagenic and clastogenic.</td>
</tr>
<tr>
<td>• Genetic mutations and/or chromosomal damage can contribute to cancer formation.</td>
</tr>
<tr>
<td><strong>Clastogenic:</strong> Causing disruption of or breakages in chromosomes</td>
</tr>
<tr>
<td><strong>Genotoxic:</strong> Damaging to genetic material such as DNA and chromosomes</td>
</tr>
<tr>
<td><strong>Mutagenic:</strong> Inducing or capable of inducing genetic mutation</td>
</tr>
<tr>
<td><strong>Teratogenic:</strong> Interfering with fetal development and resulting in birth defects</td>
</tr>
</tbody>
</table>

The antiretroviral (ARV) drugs in this class inhibit viral binding or fusion of HIV to host target cells. Binding of the viral envelope glycoprotein (gp)120 to the CD4 receptor induces conformational changes that enable gp120 to interact with a chemokine receptor such as CCR5 or CXCR4 on the host cell; binding of gp120 to the co-receptor causes subsequent conformational changes in the viral transmembrane gp41, exposing the fusion peptide of gp41, which inserts into the cell membrane. A helical region of gp41, called HR1, then interacts with a similar helical region, HR2, on gp41, resulting in a zipping together of the 2 helices and mediating the fusion of cellular and viral membranes. Enfuvirtide, which requires subcutaneous (SQ) administration, is a synthetic 36-amino-acid peptide derived from a naturally occurring motif within the HR2 domain of viral gp41, and the drug binds to the HR1 region, preventing the HR1-HR2 interaction and correct folding of gp41 into its secondary structure, thereby inhibiting virus-cell fusion. Maraviroc is a CCR5 co-receptor antagonist that interferes with viral entry at the chemokine co-receptor level.

**Enfuvirtide (Fuzeon, T-20)**

*Last updated November 14, 2017; last reviewed November 14, 2017*

Enfuvirtide is classified as Food and Drug Administration Pregnancy Category B.

**Animal Studies**

**Carcinogenicity**

Enfuvirtide was neither mutagenic nor clastogenic in a series of *in vitro* and animal *in vivo* screening tests. Long-term animal carcinogenicity studies of enfuvirtide have not been conducted.

**Reproduction/Fertility**

Reproductive toxicity has been evaluated in rats and rabbits. Enfuvirtide produced no adverse effects on fertility of male or female rats at doses up to 30 mg/kg/day administered SQ (1.6 times the maximum recommended adult human daily dose on a body surface area basis).

**Teratogenicity/Adverse Pregnancy Outcomes**

Studies in rats and rabbits have shown no evidence of teratogenicity or effect on reproductive function with enfuvirtide.¹

**Placental and Breast Milk Passage**

Studies in rats and rabbits revealed no evidence of harm to the fetus from enfuvirtide administered in doses up to 27 times and 3.2 times, respectively, the adult human daily dose (on a body surface area basis). Studies of radiolabeled enfuvirtide administered to lactating rats indicated radioactivity in the milk; however, it is not known if this reflected radiolabeled enfuvirtide or metabolites (amino acid and peptide fragments) of enfuvirtide.¹
Human Studies in Pregnancy

Pharmacokinetics

Data on the use of enfuvirtide in human pregnancy are limited to case reports of a small number of women treated with the drug.2-9

Placental and Breast Milk Passage

*In vitro* and *in vivo* studies suggest that enfuvirtide does not readily cross the human placenta. Published reports of a total of eight peripartum patients and their neonates and data from an *ex vivo* human placental cotyledon perfusion model demonstrated minimal placental passage of enfuvirtide.2,5,10-12

Teratogenicity/Adverse Pregnancy Outcomes

In the Antiretroviral Pregnancy Registry and in a national cohort of pregnant women with HIV infection in Italy, insufficient numbers of first-trimester exposures to enfuvirtide in humans have been monitored to be able to make a risk determination.13,14

Excerpt from Table 9*

<table>
<thead>
<tr>
<th>Generic Name (Abbreviation) Trade Name</th>
<th>Formulation</th>
<th>Dosing Recommendations</th>
<th>Use in Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enfuvirtide (T-20) Fuzeon</td>
<td>Injectable: • Supplied as lyophilized powder. Each vial contains 108 mg of T-20; reconstitute with 1.1 mL of sterile water for injection for SQ delivery of approximately 90 mg/1 mL.</td>
<td>T-20 is indicated for advanced HIV disease and must be used in combination with other ARV drugs to which the patient's virus is susceptible by resistance testing. <strong>Standard Adult Dose:</strong> • 90 mg (1 mL) twice daily without regard to meals <strong>PK in Pregnancy:</strong> • No PK data in human pregnancy. <strong>Dosing in Pregnancy:</strong> • Insufficient data to make dosing recommendation.</td>
<td>Minimal to low placental transfer to fetus. b No data on human teratogenicity.</td>
</tr>
</tbody>
</table>

* Individual ARV drug dosages may need to be adjusted in renal or hepatic insufficiency (for details, see Adult and Adolescent Guidelines, Appendix B, Table 7).

<table>
<thead>
<tr>
<th>Placental transfer categories—Mean or median cord blood/maternal delivery plasma drug ratio:</th>
</tr>
</thead>
<tbody>
<tr>
<td>High: &gt;0.6</td>
</tr>
</tbody>
</table>

Key to Acronyms: ARV = antiretroviral; PK = pharmacokinetic; SQ = subcutaneous; T-20 = enfuvirtide

References


5. Weizsaecker K, Kurowski M, Hoffmeister B, Schurmann D, Feiterna-Sperling C. Pharmacokinetic profile in late

Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States

G-98

Downloaded from [https://aidsinfo.nih.gov/guidelines](https://aidsinfo.nih.gov/guidelines) on 10/21/2018


