Maraviroc pharmacokinetics in CCR5-tropic HIV-1-infected children aged 2–<18 years: preliminary results from study A4001031

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Initial MVC pediatric doses by BSA on entry and OBT regimen

Body surface area, m^2	Dose in absence of potent CYP3A4 inhibitors/inducers[a]	Dose with potent CYP3A4 inhibitors[b]	Dose with CYP3A4 inducers (in absence of potent CYP3A4 inhibitors[b])
<0.22	20 mg BID[c]	10 mg BID[c]	40 mg BID[c]
0.22–0.43	50 mg BID	25 mg BID	100 mg BID
0.44–0.72	100 mg BID	50 mg BID	200 mg BID
0.73–1.19	150 mg BID	75 mg BID	300 mg BID
1.20–1.30	200 mg BID	100 mg BID	375 mg BID
1.31–1.73	250 mg BID	125 mg BID	450 mg BID
>1.73	300 mg BID	150 mg BID	600 mg BID

[a]Initial MVC pediatric dose for future patients not receiving a potent CYP3A4 inhibitor or inducer will be doubled up to a maximum initial dose of 300 mg BID
[b]For example, atazanavir, darunavir, indinavir, lopinavir/ritonavir, nelfinavir, saquinavir, ketoconazole, itraconazole, clarithromycin, telithromycin
[c]Dose available in liquid formulation only
BID, twice-daily

BSA, body surface area; MVC, maraviroc; OBT, optimized background therapy

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Results

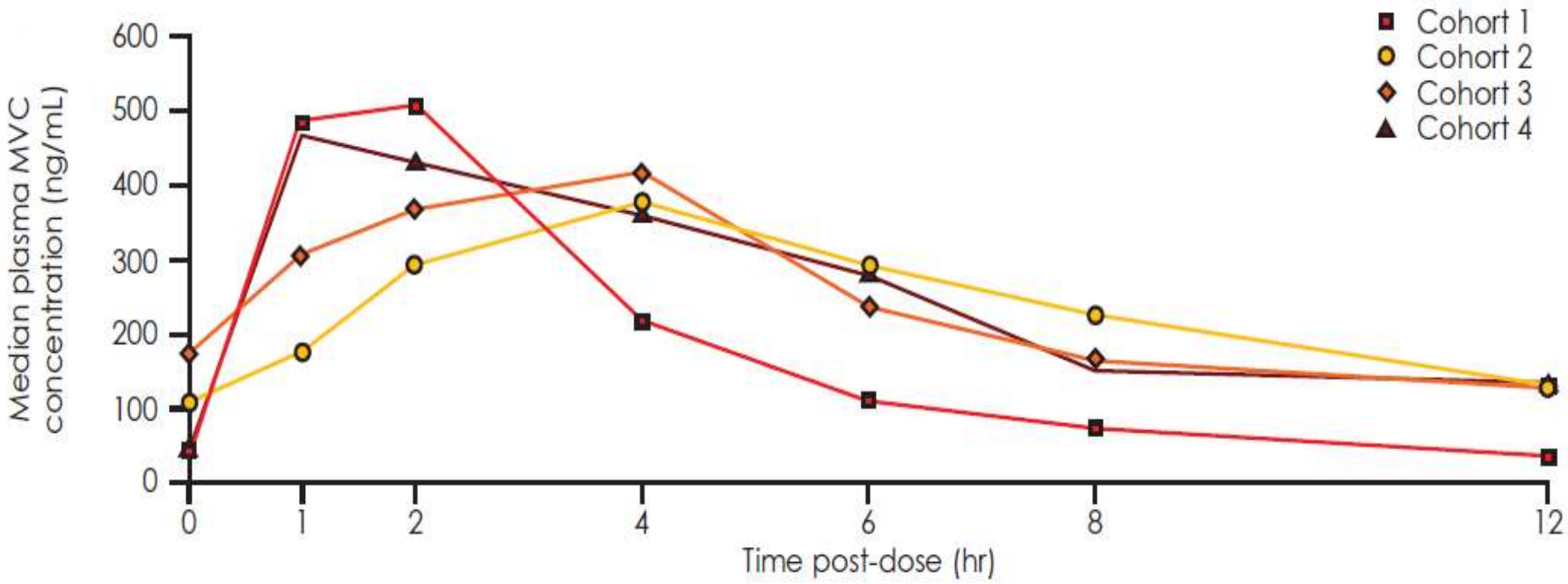
- As of March 25, 2011, PK profiles were available for 30 patients. Of these, 22 patients met the primary PK target (C_{avg} >100 ng/mL) at Week 2 with their initial MVC dose. All of these patients received OBT including PIs known to boost MVC exposure (eg, darunavir/r, atazanavir/r, lopinavir/r).

- Eight (24%) patients did not meet the primary PK target after the initial dose.

  – Of these, five were dosed without a PI and one was dosed with tipranavir/ritonavir (which does not increase MVC exposure in adults); a summary of dose adjustments for these patients is shown in Table 3.

MVC, maraviroc; OBT, optimized background therapy; PK, pharmacokinetics;

Median MVC plasma concentration-time profiles for all patients achieving the primary PK target in Stage 1



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