

Prior Authorization DRUG Guidelines

SELZENTRY (Maraviroc)

Effective Date: 1/28/14

Date Developed: 1/28/14 by Catherine Sanders, MD

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Selzentry is an Antiretroviral Agent CCR5 Antagonist used for the treatment of HIV-1 infection. Selzentry selectively and reversibly binds to the chemokine (C-C motif receptor 5 [CCR5]) coreceptors located on human CD4 cells. CCR5 antagonism prevents interaction between the human CCR5 coreceptor and the gp120 subunit of the viral envelope glycoprotein, thereby inhibiting gp120 conformational change required for CCR5-tropic HIV-1 fusion with the CD4 cell and subsequent cell entry.

Pre Authorization Criteria:

Selzentry is used in the treatment of CCR5-tropic HIV-1 infection, in combination with other antiretroviral agents. Prior to therapy, coreceptor tropism testing should be performed for presence of CCR5-tropic only virus HIV-1 infection. Therapy not recommended for use in patients with CXCR4- or dual/mixed tropic HIV-1 infection; efficacy not demonstrated in this population. In studies with treatment-naïve patients, virologic failure and emergent lamivudine resistance was more common in maraviroc-treated patients compared to patients receiving efavirenz.

VCHCP requires that Selzentry be prescribed by an Immunology Clinic physician with current American Academy of HIV Medicine (AAHIVM) certification or a physician boarded in Infectious Disease.

Medication Guide:

An FDA-approved patient medication guide, which is available with the product information and at <http://www.fda.gov/downloads/Drugs/DrugSafety/ucm089122.pdf>, must be dispensed with this medication.

Dosing: Adult:

HIV treatment: Oral: 300 mg twice daily

Dosage adjustment for concomitant CYP3A4 inhibitors/inducers:

CYP3A inhibitors (with or without a CYP3A4 inducer): 150 mg twice daily; dose recommended when maraviroc administered concomitantly with strong CYP3A inhibitors including (but not limited to) protease inhibitors (excluding tipranavir/ritonavir), delavirdine, ketoconazole, itraconazole, clarithromycin, nefazodone, and telithromycin.

CYP3A inducers (without a strong CYP3A4 inhibitor): 600 mg twice daily; dose recommended when maraviroc administered concomitantly with CYP3A inducers including (but not limited to) efavirenz, etravirine, rifampin, carbamazepine, phenobarbital, and phenytoin

Dosing: Pediatric:

HIV treatment: Oral: Adolescents ≥16 years: Refer to adult dosing.

Dosing: Renal Impairment:

Cl_{cr} ≥30 mL/minute:

Cl_{cr} ≥30 mL/minute and concomitant potent CYP3A4 inhibitors (with or without a CYP3A4 inducer): 150 mg twice daily

Cl_{cr} ≥30 mL/minute and concomitant potent CYP3A4 inducer (without a CYP3A4 inhibitor): 600 mg twice daily

Cl_{cr} ≥30 mL/minute and other concomitant medications (eg, tipranavir/ritonavir, nevirapine, raltegravir, all NRTIs, and enfuvirtide): 300 mg twice daily

Cl_{cr} <30 mL/minute:

Cl_{cr} <30 mL/minute and concomitant potent CYP3A inhibitors (with or without a CYP3A4 inducer) or concomitant potent CYP3A4 inducer (without a CYP3A4 inhibitor): Not recommended

Cl_{cr} <30 mL/minute and other concomitant medications (eg, tipranavir/ritonavir, nevirapine, raltegravir, all NRTIs, and enfuvirtide): 300 mg twice daily. If postural hypotension occurs, reduce dose to 150 mg twice daily

Cl_{cr} <30 mL/minute and experiencing postural hypotension: Reduce dose to 150 mg twice daily

ESRD requiring intermittent hemodialysis (IHD):

With concomitant potent CYP3A inhibitors (with or without a CYP3A4 inducer) or concomitant potent CYP3A4 inducer (without a CYP3A4 inhibitor): Not recommended. Note: Hemodialysis has minimal effect on clearance.

With other concomitant medications (eg, tipranavir/ritonavir, nevirapine, raltegravir, all NRTIs, and enfuvirtide): 300 mg twice daily. If postural hypotension occurs, reduce dose to 150 mg twice daily.

Note: Hemodialysis has minimal effect on clearance.

Dosing: Hepatic Impairment:

Mild-to-moderate impairment: Use caution; maraviroc concentrations are increased although dosage adjustment is not recommended.

Moderate impairment (with concomitant strong CYP3A4 inhibitor): Use caution; maraviroc concentrations may be increased; monitor closely for adverse events.

Severe impairment: No dosage adjustment provided in manufacturer's labeling (has not been studied).

Dosage Forms: U.S.:

Excipient information presented when available (limited, particularly for generics); consult specific product labeling.

Tablet, Oral:

Selzentry: 150 mg, 300 mg [contains fd&c blue #2 aluminum lake, soybean lecithin]

Generic Equivalent Available: U.S.-No

Exclusions:

Selzentry is not to be used in patients with CXCR4 or dual/mixed tropic HIV-1 infection.

Selzentry is not to be used in patients with severe renal impairment (creatinine clearance <30 mL/minute) or end-stage renal disease (ESRD) who are taking potent CYP3A4 inhibitors or inducers.

Adverse Reactions:

>10%: fever, rash, upper respiratory infection, cough

Other Severe Less Common Reactions: hepatotoxicity, immune reconstitution syndrome, postural hypotension, Stevens-Johnson syndrome, toxic epidermal necrolysis, drug rash with eosinophilia with systemic symptoms (DRESS), myocardial ischemia/infarction, autoimmune disorders, infection, malignancy.

U.S. BOXED WARNING:

Hepatotoxicity may present with hypersensitivity reaction including rash, eosinophilia, increased IgE; evaluate immediately if hepatitis or hypersensitivity reaction signs or symptoms occur.

References:

1. DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents, "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, Department of Health and Human Services," February 12, 2013;1-267. Available at <http://www.aidsinfo.nih.gov>
2. Dorr P, Westby M, Dobbs S, et al, "Maraviroc (UK-427,857), a Potent, Orally Bioavailable, and Selective Small-Molecule Inhibitor of Chemokine Receptor CCR5 with Broad-Spectrum Anti-Human Immunodeficiency Virus Type 1 Activity," *Antimicrob Agents Chemother*, 2005, 49(11):4721-32. [PubMed [16251317](#)]
3. Working Group on Antiretroviral Therapy and Medical Management of HIV-Infected Children, "Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection," August 16, 2010. Available at <http://www.aidsinfo.nih.gov>
4. www.uptodate.com: Maraviroc: Drug Information.
5. www.epocrates.com: Selzentry Drug Information.

Revision History:

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