Table 24e. Drug Interactions Between the CCR5 Antagonist Maraviroc and Other Drugs (Including Antiretroviral Agents)

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In the table below, "no dose adjustment needed" indicates that the U.S. Food and Drug Administration–approved dose of maraviroc (MVC) 300 mg twice daily should be used. Recommendations for managing a particular drug interaction may differ, depending on whether a new antiretroviral (ARV) drug is being initiated in a patient on a stable concomitant medication or a new concomitant medication is being initiated in a patient on a stable ARV regimen. The magnitude and significance of drug interactions are difficult to predict when several drugs with competing metabolic pathways are prescribed concomitantly. In cases where an interacting drug needs to be replaced with an alternative, providers should exercise their clinical judgement to select the most appropriate alternative medication to use.

Concomitant Drug Class/Name	Effect on CCR5 Antagonist and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Antibacterials - Macrolides		
Azithromycin	↔ MVC expected	No dose adjustment needed.
Clarithromycin	↑ MVC possible	MVC 150 mg twice daily
Erythromycin	↑ MVC possible	No dose adjustment needed.
Anticonvulsants		
Carbamazepine, Phenobarbital, Phenytoin	↓ MVC possible	If Used Without a Strong CYP3A Inhibitor • MVC 600 mg twice daily If Used With a Strong CYP3A Inhibitor • MVC 150 mg twice daily
Eslicarbazepine	↓ MVC possible	Consider alternative ARV or anticonvulsant.
Oxcarbazepine	↓ MVC possible	Consider alternative ARV or anticonvulsant.
Antifungals		
Fluconazole	↑ MVC possible	No dose adjustment needed.
Isavuconazole	↑ MVC possible	No dose adjustment needed.
Itraconazole	↑ MVC possible	MVC 150 mg twice daily
Posaconazole	↑ MVC possible	MVC 150 mg twice daily
Voriconazole	↑ MVC possible	MVC 150 mg twice daily

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Antimycobacterials		
Rifabutin	MVC AUC ↔ and C_{min} ↓ 30%	If Used *Without* a Strong CYP3A Inhibitor • MVC 300 mg twice daily If Used *With* a Strong CYP3A Inhibitor • MVC 150 mg twice daily
Rifampin	MVC AUC ↓ 63%	If Used *Without* a Strong CYP3A Inhibitor • MVC 600 mg twice daily If Used *With* a Strong CYP3A Inhibitor • Consider alternative ARV or antimycobacterial.
Rifapentine	↓ MVC expected	Do not coadminister.
Antivirals - Orthopoxviruses (Smallpox, Monkeypox)		
Brincidofovir	↔ MVC expected	No dose adjustment needed.
Cidofovir	↔ MVC expected	No dose adjustment needed.
Tecovirimat	When Given With MVC Without a Boosted PI or Other Potent CYP3A4 Inhibitors • ↓ MVC possible but not expected to be clinically relevant When Given With MVC Plus a Boosted PI or Other Potent CYP3A4 Inhibitors • ↑ MVC expected	If Used *Without* a Strong CYP3A Inhibitor • No dose adjustment needed. If Used *With* a Strong CYP3A Inhibitor • MVC 150 mg twice daily
Hepatitis C Direct-Acting Antivirals		
Daclatasvir	↔ MVC expected ↔ daclatasvir expected	No dose adjustment needed.
Dasabuvir plus Ombitasvir/Paritaprevir/RTV	↑ MVC expected	Do not coadminister.
Elbasvir/Grazoprevir	↔ MVC expected	No dose adjustment needed.
Ledipasvir/Sofosbuvir	↔ MVC expected	No dose adjustment needed.
Glecaprevir/Pibrentasvir	↔ MVC expected	No dose adjustment needed.
Simeprevir	↔ MVC expected	No dose adjustment needed.
Sofosbuvir	↔ MVC expected	No dose adjustment needed.
Sofosbuvir/Velpatasvir	↔ MVC expected	No dose adjustment needed.
Sofosbuvir/Velpatasvir/Voxilaprevir	↔ MVC expected	No dose adjustment needed.

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Herbal Products		
St. John's Wort	↓ MVC expected	Do not coadminister.
Hormonal Therapies		
Hormonal Contraceptives	↔ ethinyl estradiol or levonorgestrel	No dose adjustment needed.
Menopausal Hormone Replacement Therapy	↔ MVC or hormone replacement therapies expected	No dose adjustment needed.
Gender-Affirming Hormone Therapies	↔ MVC or gender-affirming hormones expected	No dose adjustment needed.
Antiretroviral Drugs		
Attachment Inhibitor		
FTR[a]	MVC AUC ↑ 25% ↔ TMR[a]	No dose adjustment needed.
INSTIs		
BIC, CAB PO and IM, DTG	↔ MVC expected	No dose adjustment needed.
EVG/c	↑ MVC possible	MVC 150 mg twice daily
RAL	MVC AUC ↓ 21% RAL AUC ↓ 37%	No dose adjustment needed.
NNRTIs		
DOR, RPV PO and IM	↔ MVC expected	No dose adjustment needed.
EFV	MVC AUC ↓ 45%	If Used *Without* a Strong CYP3A Inhibitor • MVC 600 mg twice daily If Used *With* a Strong CYP3A Inhibitor • MVC 150 mg twice daily
ETR	MVC AUC ↓ 53%	If Used *Without* a Strong CYP3A Inhibitor • MVC 600 mg twice daily If Used *With* a Strong CYP3A Inhibitor • MVC 150 mg twice daily
NVP	↔ MVC AUC	If Used *Without* a Strong CYP3A Inhibitor • MVC 300 mg twice daily If Used *With* a Strong CYP3A Inhibitor • MVC 150 mg twice daily

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PIs		
ATV Unboosted, ATV/c, ATV/r	With Unboosted ATV • MVC AUC ↑ 257% With (ATV/r 300 mg/100 mg) Once Daily • MVC AUC ↑ 388%	MVC 150 mg twice daily
DRV/c, DRV/r	With (DRV/r 600 mg/100 mg) Twice Daily • MVC AUC ↑ 305% With (DRV/r 600 mg/100 mg) Twice Daily and ETR • MVC AUC ↑ 210%	MVC 150 mg twice daily
LPV/r	MVC AUC ↑ 295% With LPV/r and EFV • MVC AUC ↑ 153%	MVC 150 mg twice daily

[a] FTR is a prodrug metabolized to its active moiety, temsavir (TMR). Therefore, the effect on gp120-directed attachment inhibitor in the table refers to TMR concentrations.

Key to Symbols

↑ = increase
↓ = decrease
↔ = no change

Key: ARV = antiretroviral; ATV = atazanavir; ATV/c = atazanavir/cobicistat; ATV/r = atazanavir/ritonavir; AUC = area under the curve; BIC = bictegravir; CAB = cabotegravir; C_{min} = minimum plasma concentration; CYP = cytochrome P; DOR = doravirine; DRV/c = darunavir/cobicistat; DRV/r = darunavir/ritonavir; DTG = dolutegravir; EFV = efavirenz; ETR = etravirine; EVG/c = elvitegravir/cobicistat; FTR = fostemsavir; IM = intramuscular; INSTI = integrase strand transfer inhibitor; LPV/r = lopinavir/ritonavir; MVC = maraviroc; NNRTI = non-nucleoside reverse transcriptase inhibitor; NVP = nevirapine; PI = protease inhibitor; PO = orally; RAL = raltegravir; RPV = rilpivirine; RTV = ritonavir