

**Drug Interaction Studies presented at the
13th European AIDS Conference/EACS, Belgrade, 12-15 October 2011.**

This report summarises drug interaction studies presented at the recent meeting.

Abstracts will be archived on the [website of the European AIDS Clinical Society](#).

Contents

RAL and Gingko biloba (Abstract PS6/6)	2
MVC and NNRTIs or boosted PIs (Abstract PE6.3/1)	2
Lersivirine and ABC/3TC (Abstract PE6.3/2)	2

RAL and Ginkgo biloba (Abstract PS6/6)

The influence of *Ginkgo biloba* on the pharmacokinetics of the HIV integrase inhibitor raltegravir.

Blonk M, et al. Abstract PS6/6.

Coadministration of *Ginkgo biloba* (120 mg twice daily) and RAL (400 mg single doses) was studied in a randomized, two-period, cross over study in 18 HIV-negative subjects. In the presence on *Ginkgo biloba*, the AUC of RAL increased by 24% (90% CI 0.97-1.58) and Cmax increased by 44% (90% CI 1.03-2.02). The increase in Cmax is probably of minor importance give the reported safety profile of RAL.

MVC and NNRTIs or boosted PIs (Abstract PE6.3/1)

Pharmacokinetic interactions between maraviroc and non-nucleoside reverse transcriptase inhibitors or protease inhibitors in MARIMUNO-ANRS145 study.

Courbon E, et al. Abstract PE6.3/1

MVC steady state plasma concentrations were determined in 48 HIV+ patients receiving MVC 150 mg, 300 mg or 600 mg twice daily (dose adjusted according to interacting comedications). Coverage concentrations (Cavg; any time post dose) were determined at weeks 4, 12 and 24 and compared against the Pfizer target for Cavg of 75 ng/ml. Despite appropriate dose modification, patients receiving a NNRTI had lower median MVC Cavg compared to patients receiving a boosted PI regimen. Concentrations were similar between the 300 mg and 600 mg twice daily regimens and were lower than those in the 150 mg twice daily regimen (i.e. receiving a boosted PI). Median Cavg was below target at all weeks for the 300 mg and 600 mg regimens, and above target at all weeks for the 150 mg regimen. Overall, Cavg was above target in 63%, 49% and 63% of patients at weeks 4, 12 and 24, respectively.

Lersivirine and ABC/3TC (Abstract PE6.3/2)

The effect of lersivirine, a next generation NNRTI, on the pharmacokinetics of abacavir/lamivudine in healthy subjects.

Vourvahis M, et al. Abstract PE6.3/2

Lersivirine is metabolised by glucuronidation (UGT2B7) and CYP3A4; ABC is metabolised by glucuronidation and alcohol dehydrogenase, whereas 3TC is primarily renally excreted. The effects of steady state lersivirine (750 mg once daily) on steady state ABC/3TC (600/300 mg once daily) was assessed in an open-label, fixed sequence, cross over study in 14 HIV-negative subjects. Coadministration increased ABC AUC, Cmax and Cmin by 27%, 5% and 43%, respectively. 3TC AUC, Cmax and Cmin decreased by 8%, 13% and 8%, respectively. Any changes in ABC and 3TC pharmacokinetics were not thought to be clinically relevant and coadministration did not appear to compromise subject safety. No dose adjustments are required when lersivirine is administered with ABC/3TC.