

Elvitegravir PK Fact Sheet

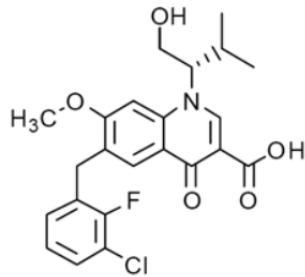
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Details

Generic Name	Elvitegravir
Trade Name	Viteka® Stribild® (with cobicistat, emtricitabine, tenofovir-DF) Genvoya® (with cobicistat, emtricitabine, tenofovir alafenamide)
Class	Integrase Inhibitor
Molecular Weight	447.9
Structure	



Summary of Key Pharmacokinetic Parameters

Elvitegravir must be administered with either a ritonavir-boosted protease inhibitor or as a fixed dose combination containing cobicistat, emtricitabine, and tenofovir-DF or tenofovir alafenamide.

Linearity/non-linearity	Elvitegravir plasma exposures are non-linear and less than dose proportional, likely due to solubility-limited absorption.
Steady state	Not determined (but could expect steady state to be achieved in 3-4 days)
Plasma half life	~12.9 h (150 mg with cobicistat, emtricitabine, tenofovir-DF) ~8.7-13.7 h (in combination with ritonavir)
C _{max}	1.7 ± 0.4 µg/ml (150 mg with cobicistat, emtricitabine, tenofovir-DF) 1.2 ± 0.36 µg/ml (85 mg with ritonavir), 1.5 ± 0.37 µg/ml (150 mg with ritonavir)
C _{min}	0.45 ± 0.26 µg/ml (150 mg with cobicistat, emtricitabine, tenofovir-DF) 0.42 ± 0.24 µg/ml (85 mg with ritonavir), 0.35 ± 0.20 µg/ml (150 mg with ritonavir)
AUC	23.0 ± 7.5 µg.h/ml (150 mg with cobicistat, emtricitabine, tenofovir-DF) 18.0 ± 7.1 µg.h/ml (85 mg with ritonavir), 18.0 ± 6.5 µg.h/ml (150 mg with ritonavir)
Bioavailability	Not determined in combination with cobicistat or ritonavir
Absorption	Relative to fasting conditions, the administration of boosted elvitegravir as the fixed-dose combination 150 mg elvitegravir/150 mg cobicistat/200 mg emtricitabine/245 mg tenofovir disoproxil with a light meal (approximately 373 kcal, 20% fat) or high-fat meal (approximately 800 kcal, 50% fat) resulted in increased exposures of elvitegravir. The C _{max} and AUC of elvitegravir increased 22% and 36% with a light meal, while increasing 56% and 91% with a high-fat meal, respectively.
Protein Binding	98-99%
Volume of Distribution	Not determined
CSF:Plasma ratio	Not determined
Semen:Plasma ratio	Not determined
Renal Clearance	Minor route (~7% after administration of elvitegravir/ritonavir)
Renal Impairment	No dose adjustment of elvitegravir is required for patients with renal impairment.
Hepatic Impairment	No dose adjustment of elvitegravir is required in patients with mild (Child-Pugh Class A) or moderate hepatic impairment (Child-Pugh Class B). Elvitegravir has not been studied in patients with severe hepatic impairment (Child-Pugh Class C).

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Metabolism and Distribution

<i>Metabolised by</i>	CYP3A, glucuronidation via UGT1A1 and UGT1A3
<i>Inducer of</i>	CYP2C9 (modest), UGT (modest)
<i>Inhibitor of</i>	OATP1B3
<i>Transported by</i>	OATP1B1, OATP1B3

References

Unless otherwise stated (see below), information is from:

Viteka® Summary of Product Characteristics, Gilead Sciences Ltd,.

Viteka® US Prescribing Information, Gilead Sciences Inc.

Stribild® Summary of Product Characteristics, Gilead Sciences Ltd.

Stribild® US Prescribing Information, Gilead Sciences Inc.