Criteria for Use: Tipranavir/ritonavir (Aptivus/ritonavir)
VHA Pharmacy Benefits Management Services and the Medical Advisory Panel

The following recommendations are based on current medical evidence. The content of the document is dynamic and will be revised as new clinical data become available. The purpose of this document is to assist practitioners in clinical decision making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. The clinician, however, must make the ultimate judgment regarding the propriety of any course of treatment in light on individual patient situations

Refer to the Tipranavir Monograph at www.pbm.va.gov or http://vaww.pbm.va.gov

FDA APPROVED INDICATION FOR USE

Tipranavir co-administered with ritonavir and other antiviral agents is indicated for the treatment of HIV-1 infected patients who are treatment-experienced and infected with HIV-1 strains resistant to more than one protease inhibitor.

EXCLUSION CRITERA (If one is selected, patient is NOT eligible)

- ☐ HIV-2
- ☐ Patient with moderate or severe hepatic impairment (Child-Pugh Class B or C)

INCLUSION CRITERIA (All must be selected for patient to be eligible)

- ☐ Treatment-experienced patient (defined as 3 class experience including PI regimen)
- ☐ Evidence of genotypic or phenotypic resistance to more than one PI
- ☐ Evidence of virologic failure (documented by a viral load >1,000 copies/mL)
- ☐ Able to construct a multi-drug regimen that includes, preferably, at least one additional active antiretroviral drug (if available) in addition to tipranavir/ritonavir
- ☐ Under the care of an experienced HIV practitioner

DOSAGE AND ADMINISTRATION (Refer to PI for dosage recommendations in organ dysfunction)

Tipranavir 500mg and ritonavir 200mg orally twice daily.

RECOMMENDED MONITORING

In addition to standard monitoring in a patient receiving antiretrovirals, the following is recommended:

1) Baseline and periodic monitoring of LFTs, particularly in patients with pre-existing liver dysfunction or co-infected with viral hepatitis B or C.
2) Baseline and periodic monitoring for new onset diabetes, exacerbation of pre-existing diabetes mellitus and hyperglycemia.

Other considerations include:

-Caution should be used in patients with a known sulfonamide allergy.

-Monitor for skin rash including urticarial rash, muculopapular and possible photosensitivity; some cases were accompanied by joint pain/stiffness, throat tightness, or generalized pruritus.

-Caution should be used in patients who may be at risk of increased bleeding from trauma, surgery, or other medical conditions or who are receiving medications known to increase the risk of bleeding such as antiplatelet agents and anticoagulants or who are taking supplemental high doses of vitamin E; tipranavir co-administered with ritonavir has been associated with reports of both fatal and non-fatal intracranial hemorrhage.

ISSUES FOR CONSIDERATION

- Careful evaluation for potential drug-drug interactions should be done prior to initiation of tipranavir/ritonavir.
- Genotypic and/or phenotypic testing should be performed and results, along with treatment history, used to guide the use of tipranavir. The presence of three or more of the following mutations is associated with decreased tipranavir efficacy**:** L33V/I/F, V82T, 184V, or L90M or a phenotypic cutoff greater than 4 (using the PhenoSense assay).