Table 9 Established and Other Potentially Significant Drug Interactions: Alterations in Dose or Regimen May be Recommended Based on Drug Interaction Studies or Predicted Interaction (continued)

Concomitant Drug Class: Drug name	Effect on Concentration of Tipranavir or Concomitant Drug	Clinical Comment
	Other Agents for Opportunistic Infections	
Antimycobacterials:		
Clarithromycin	↑ Tipranavir, ↑ Clarithromycin, ↓ 14-hydroxy-clarithromycin metabolite	No dose adjustment of tipranavir or clarithromycin for patients with normal renal function is necessary. For patients with renal impairment the following dosage adjustments should be considered: • For patients with CL_{CR} 30 to 60 mL/min the dose of clarithromycin should be reduced by 50%. For patients with CL_{CR} < 30 mL/min the dose of clarithromycin should be decreased by 75%.
Rifabutin	Tipranavir not changed, ↑Rifabutin ↑ Desacetyl-rifabutin	Single dose study. Dosage reductions of rifabutin by 75% are recommended (e.g. 150 mg every other day). Increased monitoring for adverse events in patients receiving the combination is warranted. Further dosage reduction may be necessary.
	Other Agents Commonly used	
Calcium Channel Blockers: Diltiazem Felodipine Nicardipine Nisoldipine Verapamil	Combination with TPV/ritonavir not studied. Cannot predict effect of TPV/ritonavir on calcium channel blockers that are dual substrates of CYP 3A and P-gp due to conflicting effect of TPV/ritonavir on CYP 3A and P-gp. ↕ Diltiazem ↑ Felodipine (CYP 3A substrate but not P-gp substrate) ↕ Nicardipine ↕ Nisoldipine (CYP 3A substrate but not clear whether it is a P-gp substrate) ↕ Verapamil	Caution is warranted and clinical monitoring of patients is recommended.
Despiramine	Combination with TPV/ritonavir not studied ↑ Despiramine	Dosage reduction and concentration monitoring of despiramine is recommended.

Table 9 Established and Other Potentially Significant Drug Interactions: Alterations in Dose or Regimen May be Recommended Based on Drug Interaction Studies or Predicted Interaction (continued)

Disulfiram/Metronidazole	Combination with TPV/ritonavir not studied	APTIVUS capsules contain alcohol that can produce disulfiram-like reactions when co-administered with disulfiram or other drugs which produce this reaction (e.g. metronidazole).
HMG-CoA reductase inhibitors:		Start with the lowest possible dose of atorvastatin with careful monitoring, or consider other HMG-CoA reductase inhibitors. Concomitant use of APTIVUS, co-administered with 200 mg of ritonavir, with lovastatin or simvastatin is not recommended.
Atorvastatin	↑ Tipranavir, ↑ Atorvastatin ↓ Hydroxy-atorvastatin metabolites	
Hypoglycemics: Glimepiride Glipizide Glyburide Pioglitazone Repaglinide Tolbutamide	Combination with TPV/ritonavir not studied. ↕ Glimepiride (CYP 2C9) ↕ Glipizide (CYP 2C9) ↕ Glyburide (CYP 2C9) ↕ Pioglitazone (CYP 2C8 and CYP 3A4) ↕ Repaglinide (CYP 2C8 and CYP 3A4) ↕ Tolbutamide (CYP 2C9) The effect of TPV/ritonavir on CYP 2C8 and CYP 2C9 substrates is not known.	Careful glucose monitoring is warranted.
Immunosuppressants: Cyclosporine Sirolimus Tacrolimus	Combination with TPV/ritonavir not studied. Cannot predict effect of TPV/ritonavir on immunosuppressants due to conflicting effect of TPV/ritonavir on CYP 3A and P-gp. ↕ Cyclosporine ↕ Sirolimus ↕ Tacrolimus	More frequent concentration monitoring of these medicinal products is recommended until blood levels have been stabilized.
Narcotic analgesics:		
Meperidine	Combinations with TPV/ritonavir not studied ↓ Meperidine, ↑ Normeperidine	Dosage increase and long-term use of meperidine are not recommended due to increased concentrations of the metabolite normeperidine which has both analgesic activity and CNS stimulant activity (e.g. seizures).
Methadone	↓ Methadone by 50%	Dosage of methadone may need to be increased when co-administered with tipranavir and 200 mg of ritonavir.

Table 9 Established and Other Potentially Significant Drug Interactions: Alterations in Dose or Regimen May be Recommended Based on Drug Interaction Studies or Predicted Interaction (continued)

Oral contraceptives/Estrogens: Ethinyl estradiol	 ↓ Ethinyl estradiol concentrations by 50%	Alternative methods of nonhormonal contraception should be used when estrogen based oral contraceptives are co-administered with tipranavir and 200 mg of ritonavir. Patients using estrogens as hormone replacement therapy should be clinically monitored for signs of estrogen deficiency. Women using estrogens may have an increased risk of non serious rash.
PDE5 inhibitors: Sildenafil Tadalafil Vardenafil	Combinations with TPV/ritonavir not studied. ↑ Sildenafil ↑ Tadalafil ↑ Vardenafil	Concomitant use of PDE5 inhibitors with tipranavir and ritonavir should be used with caution and in no case should the starting dose of: • sildenafil exceed 25 mg within 48 hours • tadalafil exceed 10 mg every 72 hours • vardenafil exceed 2.5 mg every 72 hours
Selective Serotonin-Reuptake Inhibitors: Fluoxetine Paroxetine Sertraline	Combination with TPV/ritonavir not studied ↑ Fluoxetine ↑ Paroxetine ↑ Sertraline	Antidepressants have a wide therapeutic index, but doses may need to be adjusted upon initiation of APTIVUS/ritonavir therapy.
Warfarin	Combination with TPV/ritonavir not studied. Cannot predict the effect of TPV/ritonavir on S-Warfarin due to conflicting effect of TPV and RTV on CYP 2C9	Frequent INR (international normalized ratio) monitoring upon initiation of tipranavir/ritonavir therapy.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long term animal carcinogenicity bioassays with tipranavir and tipranavir/ritonavir are currently in progress. However, tipranavir showed no evidence of mutagenicity or clastogenicity in a battery of five *in vitro* and *in vivo* tests including the Ames bacterial reverse mutation assay using *S. typhimurium* and *E. coli*, unscheduled DNA synthesis in rat hepatocytes, induction of gene mutation in Chinese hamster ovary cells, a chromosome aberration assay in human peripheral lymphocytes, and a micronucleus assay in mice.

Tipranavir had no effect on fertility or early embryonic development in rats at dose levels up to 1000 mg/Kg/day, equivalent to a C_{max} of 258 μM in females. Based on C_{max} levels in these rats, as well as an exposure (AUC) of 1670 μM·h in pregnant rats from another study, this exposure was

approximately equivalent to the anticipated exposure in humans at the recommended dose level of 500/200 mg tipranavir/ritonavir BID.

Pregnancy

Teratogenic Effects, Pregnancy Category C.

Investigation of fertility and early embryonic development with tipranavir disodium was performed in rats, teratogenicity studies were performed in rats and rabbits, and pre- and post-natal development were explored in rats.

No teratogenicity was detected in reproductive studies performed in pregnant rats and rabbits up to dose levels of 1000 mg/Kg/day and 150 mg/Kg/day tipranavir, respectively, at exposure levels approximately 1.1-fold and 0.1-fold human exposure. At 400 mg/Kg/day and above in rats, fetal toxicity (decreased sternebrae ossification and body weights) was observed, corresponding to an AUC of 1310 μM·h or approximately 0.8-fold human exposure at the recommended dose. In rats and rabbits, fetal toxicity was not noted at 40 mg/Kg/day and 150 mg/Kg/day, respectively, corresponding accordingly to C_{max}/AUC_{0-24h} levels of 30.4 μM/340 μM·h and 8.4 μM/120 μM·h. These exposure levels (AUC) are approximately 0.2-fold and 0.1-fold the exposure in humans at the recommended dose.

In pre- and post-development studies in rats, tipranavir showed no adverse effects at 40 mg/Kg/day (~0.2-fold human exposure), but caused growth inhibition in pups and maternal toxicity at dose levels of 400 mg/Kg/day (~0.8-fold human exposure). No post-weaning functions were affected at any dose level.

There are no adequate and well-controlled studies in pregnant women for the treatment of HIV-1 infection. APTIVUS should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Antiretroviral Pregnancy Registry

To monitor maternal-fetal outcomes of pregnant women exposed to APTIVUS, an Antiretroviral Pregnancy Registry has been established. Physicians are encouraged to register patients by calling (800) 258-4263.

Nursing Mothers

The Centers for Disease Control and Prevention recommend that HIV-infected mothers not breastfeed their infants to avoid risking postnatal transmission of HIV. Because of both the potential for HIV transmission and any possible adverse effects of tipranavir, mothers should be instructed not to breastfeed if they are receiving APTIVUS.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

Clinical studies of APTIVUS did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. In general, caution should be exercised in the administration and monitoring of APTIVUS in elderly patients reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

ADVERSE REACTIONS

APTIVUS (tipranavir), co-administered with 200 mg of ritonavir, has been studied in a total of 1854 HIV-positive adults as combination therapy in clinical studies. Of these, 1397 patients received the dose of 500/200 mg BID. Seven hundred sixty one (761) adults, including 385 in the 1182.12 and 1182.48 Phase 3 pivotal studies, have been treated for at least 24 weeks.

In 1182.12 and 1182.48 in the APTIVUS/ritonavir arm, the most frequent AEs were diarrhea, nausea, fatigue, headache and vomiting. Adverse events leading to discontinuation were reported by 7.8% of the tipranavir-treated patients and 4.9% of the comparator arm patients.

Due to the need for co-administration of APTIVUS with 200 mg of ritonavir, please refer to ritonavir prescribing information for ritonavir-associated adverse reactions.

The most frequent clinical treatment-emergent adverse events reported in Phase 3 clinical studies (1182.12 and 1182.48) in adults are summarized in Table 10 below. Events of moderate to severe intensity (Grades 2-4) reported in at least 2% of highly treatment-experienced subjects in either treatment group are included.

Table 10 Percentage of Patients with Treatment Emergent Adverse Events of at Least Moderate Intensity (Grades 2-4) in ≥ 2% of Patients in Either Treatment Group[a]

	Phase 3 Studies 1182.12 and 1182.48 (24-weeks)	
	Tipranavir/ritonavir (500/200 mg BID) + OBR (n=746)	Comparator PI/ritonavir[b] + OBR (n=737)
Gastrointestinal Disorders		
Diarrhea	10.9%	9.4%
Nausea	6.7%	4.6%
Vomiting	3.4%	3.0%
Abdominal pain[c]	2.8%	3.7%
General Disorders		
Pyrexia	4.6%	4.3%
Fatigue	4.0%	3.9%
Asthenia	1.5%	2.3%
Infections and Infestations		
Bronchitis	2.9%	1.1%
Nervous System Disorders		
Headache	3.1%	3.1%
Psychiatric Disorders		
Depression	2.0%	3.0%
Insomnia	1.2%	2.6%
Respiratory, Thoracic and Mediastinal Disorders		
Cough	0.8%	2.2%
Skin and Subcutaneous Tissue Disorders		
Rash	2.0%	2.0%

[a]Excludes laboratory abnormalities that were Adverse Events
[b]Comparator PI/RTV: lopinavir/ritonavir 400/100 mg BID, indinavir/ritonavir 800/100 mg BID, saquinavir/ritonavir 1000/100 mg BID, amprenavir/ritonavir 600/100 mg BID
[c]Abdominal pain includes Preferred Terms "Abdominal pain" and "Abdominal pain upper"

Clinically meaningful adverse reactions in < 2% of adult patients (n=1397) treated with APTIVUS/ritonavir 500/200mg in Phase 2 and 3 trials listed below by body system:

Blood and Lymphatic System Disorders: anemia, neutropenia, thrombocytopenia

Gastrointestinal Disorders: abdominal distension, dyspepsia, flatulence, gastroesophageal reflux disease, pancreatitis

General Disorders: influenza like illness, malaise, pyrexia

Hepatobiliary Disorders: hepatitis, hepatic failure

Immune System Disorders: hypersensitivity

Infections and infestations: reactivation of herpes simplex and varicella zoster

Investigations: hepatic enzymes increased, liver function test abnormal, lipase increased, weight decreased

Metabolism and Nutrition Disorders: anorexia, decreased appetite, dehydration, diabetes mellitus, facial wasting, hyperamylasemia, hypercholesterolemia, hyperglycemia

Musculoskeletal and Connective Tissue Disorders: muscle cramp, myalgia

Nervous System Disorders: dizziness, neuropathy peripheral, somnolence

Psychiatric Disorders: insomnia, sleep disorder

Renal and Urinary Disorders: renal insufficiency

Respiratory, Thoracic and Mediastinal Disorders: dyspnea

Skin and Subcutaneous System Disorders: exanthem, lipoatrophy, lipodystrophy acquired, lipohypertrophy, pruritus

Laboratory Abnormalities

Treatment-emergent clinical laboratory abnormalities reported at 24 weeks in Phase 3 clinical studies (1182.12 and 1182.48) in adults are summarized in Table 11 below.

Table 11 Treatment Emergent Laboratory Abnormalities Reported in ≥ 2% of Adult Patients

		Studies 1182.12 and 1182.48 (24-weeks)	
	Limit	APTIVUS/ritonavir (500/200 mg BID) + OBR (n = 732)	Comparator PI/ritonavir + OBR* (n = 726)
Hematology			
WBC count decrease			
Grade 3-4	< 2.0 x $10^3/\mu L$	3.6%	5.4%
Chemistry			
Amylase			
Grade 3-4	> 2 x ULN	2.9%	4.8%
ALT			
Grade 2	> 2.5-5 x ULN	10.7%	5.4%
Grade 3	> 5-10 x ULN	3.1%	1.4%
Grade 4	> 10 x ULN	2.7%	0.4%
AST			
Grade 2	> 2.5-5 x ULN	6.0%	5.8%
Grade 3	> 5-10 x ULN	3.3%	1.0%
Grade 4	> 10 x ULN	0.7%	0.4%
ALT and/or AST			
Grade 2-4	> 2.5 x ULN	17.5%	9.9%
Cholesterol			
Grade 2	> 300 – 400 mg/dL	11.3%	4.3%
Grade 3	> 400 – 500 mg/dL	2.5%	0.3%
Grade 4	> 500 mg/dL	0.8%	0%
Triglycerides			
Grade 2	400 – 750 mg/dL	26.2%	14.7%
Grade 3	> 750 – 1200 mg/dL	12.8%	5.6%
Grade 4	> 1200 mg/dL	6.1%	3.4%

*Comparator PI/RTV: lopinavir/ritonavir 400/100 mg BID, indinavir/ritonavir 800/100 mg BID, saquinavir/ritonavir 1000/100 mg BID, amprenavir/ritonavir 600/100 mg BID

In clinical trials extending up to 48 weeks, the proportion of patients who developed Grade 2-4 ALT and/or AST elevations increased to 24.4% with APTIVUS/ritonavir and to 12.8% with CPI/ritonavir.

OVERDOSAGE

There is no known antidote for tipranavir overdose. Treatment of overdose should consist of general supportive measures, including monitoring of vital signs and observation of the patient's clinical status. If indicated, elimination of unabsorbed tipranavir should be achieved by emesis or gastric lavage. Administration of activated charcoal may also be used to aid in removal of unabsorbed drug. Since tipranavir is highly protein bound, dialysis is unlikely to be beneficial in significant removal of this medicine.

DOSAGE AND ADMINISTRATION

General

The recommended dose of APTIVUS (tipranavir) Capsules is 500 mg (two 250 mg capsules), co-administered with 200 mg of ritonavir, twice daily.

APTIVUS Capsules, co-administered with 200 mg of ritonavir should be taken with food. Bioavailability is increased with a high fat meal.

HOW SUPPLIED

APTIVUS (tipranavir) Capsules 250 mg are pink, oblong soft gelatin capsules imprinted in black with "TPV 250". They are packaged in HDPE unit-of-use bottles with a child resistant closure and 120 capsules. (NDC 0597-0003-02)

APTIVUS capsules should be **stored in a refrigerator 2°-8°C (36°-46°F)** prior to opening the bottle. After opening the bottle, the capsules may be **stored at 25°C (77°F)**; **excursions permitted to 15°-30°C (59°-86°F)** and must be used within 60 days.

Store in a safe place out of the reach of children.

Address medical inquiries to: http://us.boehringer-ingelheim.com, (800) 542-6257 or (800) 459-9906 TTY.

RX ONLY

Distributed by:
Boehringer Ingelheim Pharmaceuticals, Inc.
Ridgefield, CT 06877 USA

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Patient Information

Aptivus® (ap' · ti · vəs) (tipranavir) **Capsules, 250 mg**	Boehringer Ingelheim

ALERT: Find out about medicines that should not be taken with Aptivus. Please also read the section "WHO SHOULD NOT TAKE APTIVUS".

Read the Patient Information that comes with APTIVUS before you start taking it and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your doctor about your medical condition or treatment. You should stay under a doctor's care while taking APTIVUS.

What is the most important information I should know about APTIVUS?

Patients taking APTIVUS, together with 200 mg NORVIR® (ritonavir), may develop severe liver disease that can cause death. If you develop any of the following symptoms of liver problems, you should stop taking APTIVUS/ritonavir treatment and call your doctor right away: tiredness, general ill feeling or "flu-like" symptoms, loss of appetite, nausea (feeling sick to your stomach), yellowing of your skin or whites of your eyes, dark (tea-colored) urine, pale stools (bowel movements), or pain, ache, or sensitivity on your right side below your ribs. If you have chronic Hepatitis B or C infection, your doctor should check your blood tests more often because you have an increased chance of developing liver problems.

What is APTIVUS?

APTIVUS is a medicine called a "protease inhibitor" that is used to treat adults with Human Immunodeficiency Virus (HIV). APTIVUS blocks HIV protease, an enzyme which is needed for HIV to make more virus. When used with other anti-HIV medicines, APTIVUS may reduce the amount of HIV in your blood and increase the number of CD4+ cells. Reducing the amount of HIV in the blood may keep your immune system healthy, so it can help fight infection.

APTIVUS is always taken with NORVIR® (ritonavir) and at the same time as NORVIR When you take APTIVUS with NORVIR, you must always use at least 2 other anti-HIV medicines.

Does APTIVUS cure HIV or AIDS?

APTIVUS does not cure HIV infection or AIDS. The long-term effects of APTIVUS are not known at this time. People taking APTIVUS may still get infections or other conditions common in people with HIV (opportunistic infections). It is very important that you stay under the care of your doctor during treatment with APTIVUS.

Does APTIVUS lower the chance of passing HIV to other people?

APTIVUS does not reduce the chance of passing HIV to others through sexual contact, sharing needles, or being exposed to your blood. Continue to practice safer sex. Use a latex or polyurethane condom or other barrier method to lower the chance of sexual contact with any body fluids such as semen, vaginal secretions or blood. Never use or share dirty needles.

Ask your doctor if you have any questions about safer sex or how to prevent passing HIV to other people.

Who should not take APTIVUS?

Do not take APTIVUS if you:

- are allergic to tipranavir or any of the other ingredients in APTIVUS. See the end of this leaflet for a list of major ingredients.
- are allergic to ritonavir (NORVIR®)
- have moderate to severe liver problems
- take any of the following types of medicines because **you could have serious side effects:**
    - Migraine headache medicines called "ergot alkaloids". If you take migraine headache medicines, ask you doctor or pharmacist if any of them are "ergot alkaloids".
    - Halcion® (triazolam)
    - Hismanal® (astemizole)
    - Orap® (pimozide)
    - Propulsid® (cisapride)
    - Seldane® (terfenadine)
    - Versed® (midazolam)
    - Pacenone® (amiodarone)
    - Vascor® (bepridil)
    - Tambocor® (flecainide)
    - Rythmol® (propafenone)
    - Quinaglute dura® (quinidine)

What should I tell my doctor before I take APTIVUS?

Tell your doctor about all of your medical conditions, including if you:

- **have liver problems** or are infected with Hepatitis B or Hepatitis C. These patients may have worsening of their liver disease.
- **are allergic to sulfa medicines.**
- **have hemophilia.** APTIVUS may cause increased bleeding.
- **have diabetes.** APTIVUS may worsen your diabetes or high blood sugar levels.

- **are pregnant or planning to become pregnant.** It is not known if APTIVUS can harm your unborn baby. You and your doctor will need to decide if APTIVUS is right for you. If you take APTIVUS while you are pregnant, talk to your doctor about how you can be in the Antiretroviral Pregnancy Registry.

- **are breast-feeding.** Do not breast-feed if you are taking APTIVUS. You should not breast-feed if you have HIV because of the chance of passing the HIV virus to your baby. Talk with your doctor about the best way to feed your baby.

- **are using estrogens for birth control or hormone replacement.** Women who use estrogens for birth control or hormone replacement have an increased chance of developing a skin rash while taking APTIVUS. If a rash occurs, it is usually mild to moderate, but you should talk to your doctor as you may need to temporarily stop taking either APTIVUS or the other medicine that contains estrogen or female hormones.

Tell your doctor about all the medicines you take including prescription and nonprescription medicines, vitamins and herbal supplements. **APTIVUS and many other medicines can interact. Sometimes serious side effects will happen if APTIVUS is taken with certain other medicines (see "Who should not take APTIVUS?").**

- Some medicines cannot be taken at all with APTIVUS
- Some medicines will require a change in dosage if taken with APTIVUS
- Some medicines will require close monitoring if taken with APTIVUS.

Women taking birth control pills need to use another birth control method. APTIVUS makes birth control pills work less well.

Know all the medicines you take and keep a list of them with you. Show this list to all your doctors and pharmacists anytime you get a new medicine you take. They will tell you if you can take these other medicines with APTIVUS. **Do not start any new medicines while you are taking APTIVUS without first talking with your doctor or pharmacist.** You can ask your doctor or pharmacist for a list of medicines that can interact with APTIVUS.

How should I take APTIVUS?

- Take APTIVUS exactly as your doctor has prescribed. You should check with your doctor or pharmacist if you are not sure. **You must take APTIVUS at the same time as NORVIR® (ritonavir).** The usual dose is 500 mg (two 250 mg capsules) of APTIVUS, together with 200 mg (two 100 mg capsules or 2.5 mL of solution) of NORVIR, twice per day. APTIVUS with NORVIR must be used together with other anti-HIV medicines.

APTIVUS comes in a capsule form and you should **swallow APTIVUS capsules whole. Do not chew the capsules.**

- Always take APTIVUS with food.
- Do not change your dose or stop taking APTIVUS without first talking with your doctor.
- If you take too much APTIVUS, call your doctor or poison control center right away.
- If you forget to take APTIVUS, take the next dose of APTIVUS, together with NORVIR® (ritonavir), as soon as possible. Do not take a double dose to make up for a missed dose.

- It is very important to take all your anti-HIV medicines as prescribed and at the right times of day. This can help your medicines work better. It also lowers the chance that your medicines will stop working to fight HIV (drug resistance).
- When your APTIVUS supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short period of time. The HIV virus may develop resistance to APTIVUS and become harder to treat. You should NEVER stop taking APTIVUS or your other HIV medicines without talking with your doctor.

What are the possible side effects of APTIVUS?

APTIVUS may cause serious side effects, including:

- **liver problems, including liver failure and death.** Your doctor should do blood tests to monitor your liver function during treatment with APTIVUS. Patients with liver diseases such as Hepatitis B and Hepatitis C may have worsening of their liver disease with APTIVUS and should have more frequent monitoring blood tests.

- **rash.** Mild to moderate rash, including flat or raised rashes or sensitivity to the sun, have been reported in approximately 10% of subjects receiving APTIVUS. Some patients who developed rash also had joint pain or stiffness, throat tightness, or generalized itching.

- **increased bleeding in patients with hemophilia.** This can happen in patients taking APTIVUS or other protease inhibitor medicines.

- **diabetes and high blood sugar (hyperglycemia).** This can happen in patients taking APTIVUS or other protease inhibitor medicines. Some patients have diabetes before starting treatment with APTIVUS which gets worse. Some patients get diabetes during treatment with APTIVUS. Some patients will need changes in their diabetes medicine. Some patients will need new diabetes medicine.

- **increased blood fat (lipid) levels.** Your doctor should do blood tests to monitor your blood fat (triglycerides and cholesterol) during treatment with APTIVUS. Some patients taking APTIVUS have large increases in triglycerides and cholesterol. The long-term chance of having a heart attack or stroke due to increases in blood fats caused by APTIVUS is not known at this time.

- **changes in body fat.** These changes have happened in patients taking APTIVUS. and other anti-HIV medicines. The changes may include an increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the back, chest, and stomach area. Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these conditions are not known.

The most common side effects include diarrhea, nausea, vomiting, stomach pain, tiredness and headache. Women taking birth control pills may get a skin rash.

It may be hard to tell the difference between side effects caused by APTIVUS, by the other medicines you are also taking, or by the complications of HIV infection. For this reason it is very important that

you tell your doctor about any changes in your health. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.

The list of side effects is **not** complete. Ask your doctor or pharmacist for more information.

How should I store APTIVUS?

- Store APTIVUS capsules in a refrigerator at approximately **36°F to 46°F (2°C to 8°C).** Once the bottle is opened, the contents must be used within 60 days. Patients may take the bottle with them for use away from home so long as the bottle remains at a temperature of approximately **59°F to 86°F (15°C to 30°C).** You can write the date of opening the bottle on the label. Do not use after the expiration date written on the bottle.

- **Keep APTIVUS and all medicines out of the reach of children.**

General advice about APTIVUS

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use APTIVUS for a condition for which it was not prescribed. Do not give APTIVUS to other people, even if they have the same condition you have. It may harm them.

This leaflet summarizes the most important information about APTIVUS. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about APTIVUS that is written for health professionals.

For additional information, you may also call Boehringer Ingelheim Pharmaceuticals, Inc. at 1-800-542-6257, or (TTY) 1-800-459-9906. You may also request information through the company website at http://us.boehringer-ingelheim.com.

What are the ingredients in APTIVUS?

Active Ingredient: tipranavir

Major Inactive Ingredients: dehydrated alcohol, polyoxyl 35 castor oil, propylene glycol, mono/diglycerides of caprylic/capric acid and gelatin.

Rx only

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HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use FUZEON safely and effectively. See full prescribing information for FUZEON.

FUZEON® (enfuvirtide) for Injection
Initial U.S. Approval: 2003

----------RECENT MAJOR CHANGES----------
Warnings and Precautions, Pneumonia (5.3) 04/2011

---------- INDICATIONS AND USAGE----------
FUZEON is an HIV-1 fusion inhibitor indicated for use in combination with other antiretroviral agents for the treatment of HIV-1 infection in treatment-experienced patients with HIV-1 replication despite ongoing antiretroviral therapy. (1)

----------DOSAGE AND ADMINISTRATION----------
- Adults: Recommended FUZEON dose of 90 mg (1 mL) twice daily injected subcutaneously into the upper arm, anterior thigh, or abdomen. FUZEON should not be injected near any anatomical areas where large nerves course close to the skin. (2.1)
- Pediatric Patients (6 to 16 years of age): Recommended 2 mg/kg twice daily up to a maximum dose of 90 mg twice daily injected subcutaneously. Weight should be monitored periodically and the FUZEON dose should be adjusted accordingly. (2.2)
- FUZEON must only be reconstituted with 1.1 mL of Sterile Water for Injection provided in the Convenience Kit. (2.3)
- Reconstituted FUZEON must be injected immediately or kept refrigerated in the original vial. It must be used within 24 hours. (2.3)

---------- DOSAGE FORMS AND STRENGTHS----------
- Lyophilized powder: 108 mg/vial (3)

---------- CONTRAINDICATIONS ----------
- Hypersensitivity to FUZEON or any of its components. (4)

---------- WARNINGS AND PRECAUTIONS----------
- Injection Site Reaction: 98% of subjects experienced at least one injection site reaction during FUZEON treatment in randomized, controlled, open-label, multicenter trials. Manifestations included pain and discomfort, erythema, nodules and cysts, and ecchymosis. (5.1)
- Biojector® 2000: Administration of FUZEON with Biojector 2000 may result in neuralgia and/or paresthesia, bruising and hematomas. Patients receiving anticoagulants or persons with hemophilia, or other coagulation disorders, may have a higher risk of post-injection bleeding. (5.2)
- Pneumonia: Monitor for signs and symptoms of pneumonia in HIV-infected patients, especially those predisposed to pneumonia (e.g., low initial CD4 cell count). (5.3)
- Hypersensitivity: FUZEON should be discontinued immediately upon signs and symptoms of systemic hypersensitivity reactions. (5.4)
- Immune Reconstitution: Patients treated with combination antiretroviral therapy, including FUZEON, may experience immune reconstitution syndrome requiring further evaluation and treatment. (5.6)

---------- ADVERSE REACTIONS ----------
Most common adverse reactions are local injection site reactions, diarrhea, nausea, and fatigue. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Genentech at 1-888-835-2555 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

---------- DRUG INTERACTIONS----------
- No dose adjustments of FUZEON or the co-administered drug is needed when FUZEON is administered concomitantly with other antiretroviral or non-antiretroviral drugs. (7, 12.3)

---------- USE IN SPECIFIC POPULATIONS ----------
- Pregnancy: No evidence of harm to the fetus was observed in animal reproduction studies and FUZEON should be used only if clearly needed. (8.1)
- Nursing mothers: Do not breast-feed while receiving FUZEON therapy. (8.3)
- Pediatric Use: Safety and pharmacokinetics of FUZEON have not been established in pediatric patients < 6 years of age. Limited efficacy data for pediatric patients ≥ 6 years of age. (8.4)
- Geriatric Use: No data available for patients ≥ 65 years of age. (8.5)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 04/2011

FULL PRESCRIBING INFORMATION: CONTENTS*

*Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

FUZEON® in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection in treatment-experienced patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy.

This indication is based on results from two controlled studies of 48 weeks duration. Subjects enrolled were treatment-experienced adults; many had advanced disease. There are no studies of FUZEON in antiretroviral naive subjects.

2 DOSAGE AND ADMINISTRATION

2.1 Adults

The recommended dose of FUZEON is 90 mg (1 mL) twice daily injected subcutaneously into the upper arm, anterior thigh or abdomen. Each injection should be given at a site different from the preceding injection site, and only where there is no current injection site reaction from an earlier dose. FUZEON should not be injected near any anatomical areas where large nerves course close to the skin, such as near the elbow, knee, groin or the inferior or medial section of the buttocks, skin abnormalities, including directly over a blood vessel, into moles, scar tissue, bruises, or near the navel, surgical scars, tattoos or burn sites. Additional detailed information regarding the administration of FUZEON is described in the FUZEON *Injection Instructions.*

2.2 Pediatric Patients

Insufficient data are available to establish a dose recommendation of FUZEON in pediatric patients below the age of 6 years. In pediatric patients 6 years through 16 years of age, the recommended dosage of FUZEON is 2 mg/kg twice daily up to a maximum dose of 90 mg twice daily injected subcutaneously into the upper arm, anterior thigh or abdomen. Each injection should be given at a site different from the preceding injection site and only where there is no current injection site reaction from an earlier dose. FUZEON should not be injected into moles, scar tissue, bruises or the navel. Table 1 contains dosing guidelines for FUZEON based on body weight. Weight should be monitored periodically and the FUZEON dose adjusted accordingly.

Table 1 Pediatric Dosing Guidelines

Weight		Dose per bid Injection (mg/dose)	Injection Volume (90 mg enfuvirtide per mL)
Kilograms (kg)	Pounds (lbs)		
11.0 to 15.5	24 to 34	27	0.3 mL
15.6 to 20.0	>34 to 44	36	0.4 mL
20.1 to 24.5	>44 to 54	45	0.5 mL
24.6 to 29.0	>54 to 64	54	0.6 mL
29.1 to 33.5	>64 to 74	63	0.7 mL
33.6 to 38.0	>74 to 84	72	0.8 mL
38.1 to 42.5	>84 to 94	81	0.9 mL
≥42.6	>94	90	1.0 mL

2.3 Directions for Use

For more detailed instructions, see FUZEON *Injection Instructions.*

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration.

Subcutaneous Administration

FUZEON must only be reconstituted with 1.1 mL of Sterile Water for Injection provided in the Convenience Kit. After adding sterile water, the vial should be gently tapped for 10 seconds and then gently rolled between the hands to avoid foaming and to ensure all particles of drug are in contact with the liquid and no drug remains

on the vial wall. The vial should then be allowed to stand until the powder goes completely into solution, which could take up to 45 minutes. Reconstitution time can be reduced by gently rolling the vial between the hands until the product is completely dissolved. Before the solution is withdrawn for administration, the vial should be inspected visually to ensure that the contents are fully dissolved in solution, and that the solution is clear, colorless and without bubbles or particulate matter. If the FUZEON is foamy or jelled, allow more time for it to dissolve. If there is evidence of particulate matter, the vial must not be used and should be returned to the pharmacy.

FUZEON contains no preservatives. Once reconstituted, FUZEON should be injected immediately or kept refrigerated in the original vial until use. Reconstituted FUZEON must be used within 24 hours. The subsequent dose of FUZEON can be reconstituted in advance and must be stored in the refrigerator in the original vial and used within 24 hours. Refrigerated reconstituted solution should be brought to room temperature before injection and the vial should be inspected visually again to ensure that the contents are fully dissolved in solution and that the solution is clear, colorless, and without bubbles or particulate matter.

A vial is suitable for single use only; unused portions must be discarded (see FUZEON *Injection Instructions*).

Patients should contact their healthcare provider for any questions regarding the administration of FUZEON. Information about the self-administration of FUZEON may also be obtained by calling the toll-free number 1-877-4-FUZEON (1-877-438-9366) or at the FUZEON website, www.FUZEON.com. Patients should be taught to recognize the signs and symptoms of injection site reactions and instructed when to contact their healthcare provider about these reactions.

3 DOSAGE FORMS AND STRENGTHS

Lyophilized powder for injection: 108 mg enfuvirtide per vial

4 CONTRAINDICATIONS

FUZEON is contraindicated in patients with known hypersensitivity to FUZEON or any of its components *[see Warnings and Precautions (5.4)]*.

5 WARNINGS AND PRECAUTIONS

5.1 Local Injection Site Reactions (ISRs)

The majority of subjects (98%) receiving FUZEON in randomized, controlled, open-label, multicenter clinical trials had at least one local injection site reaction; ISRs occurred throughout treatment with FUZEON. Manifestations may include pain and discomfort, induration, erythema, nodules and cysts, pruritus, and ecchymosis *[see Adverse Reactions (6)]*. Reactions are often present at more than one injection site. Patients must be familiar with the FUZEON *Injection Instructions* in order to know how to inject FUZEON appropriately and how to monitor carefully for signs or symptoms of cellulitis or local infection.

5.2 Administration with Biojector® 2000

Nerve pain (neuralgia and/or paresthesia) lasting up to 6 months associated with administration at anatomical sites where large nerves course close to the skin, bruising and hematomas have occurred with use of the Biojector 2000 needle-free device for administration of FUZEON. Patients receiving anticoagulants or persons with hemophilia, or other coagulation disorders, may have a higher risk of post-injection bleeding.

5.3 Pneumonia

An increased rate of bacterial pneumonia was observed in subjects treated with FUZEON in the Phase 3 clinical trials compared to the control arm. The incidence of pneumonia was 2.7% or 3.2 events/100 patient-years in subjects receiving FUZEON+background regimen. On analysis of all diagnoses of pneumonia (pneumonia, bacterial pneumonia, bronchopneumonia, and related terms) in T20-301 and T20-302, an increased rate of bacterial pneumonia was observed in subjects treated with FUZEON compared to the control arm (6.9%, 6.7 pneumonia events per 100 patient-years versus 0.6 events per 100 patient-years, respectively). Approximately half of the study subjects with pneumonia required hospitalization. Three subject deaths in the FUZEON arm

were attributed to pneumonia; all three had serious concomitant AIDS-related illnesses that contributed to their deaths. Risk factors for pneumonia included low initial CD4 lymphocyte count, high initial viral load, intravenous drug use, smoking, and a prior history of lung disease.

Because it was unclear whether the higher incidence rate of pneumonia was related to FUZEON use, an observational study in 1850 HIV-infected patients (740 FUZEON treated patients and 1110 non-FUZEON treated patients) was conducted to evaluate the risk of pneumonia in patients treated with FUZEON. A total of 123 patients had a confirmed or probable pneumonia event in this study (62 in the FUZEON treatment arm with 1962 patient-years of observation and 61 in the non-FUZEON treatment arm with 3378 patient-years of observation). The incidence of pneumonia was 3.2 events/100 patient-years in the FUZEON treatment arm and 1.8 events/100 patient-years in the non-FUZEON treatment arm. The hazard ratio, adjusting for other baseline risk factors, was 1.34 (95% C.I. = 0.90 – 2.00). Based on this observational study, it is not possible to exclude an increased risk of pneumonia in patients treated with FUZEON compared to non-FUZEON treated patients.

It is unclear if the increased incidence of pneumonia is related to FUZEON use. However, because of these findings, patients with HIV-1 infection should be carefully monitored for signs and symptoms of pneumonia, especially if they have underlying conditions which may predispose them to pneumonia. Risk factors for pneumonia included low initial CD4 cell count, high initial viral load, intravenous drug use, smoking, and a prior history of lung disease.

5.4 Hypersensitivity Reactions

Systemic hypersensitivity reactions have been associated with FUZEON therapy and may recur on re-challenge. Hypersensitivity reactions have occurred in <1% of subjects studied and have included combinations of: rash, fever, nausea and vomiting, chills, rigors, hypotension, and/or elevated serum liver transaminases. Other adverse events that may be immune mediated and have been reported in subjects receiving FUZEON include primary immune complex reaction, respiratory distress, glomerulonephritis, and Guillain-Barre syndrome. Patients developing signs and symptoms suggestive of a systemic hypersensitivity reaction should discontinue FUZEON and should seek medical evaluation immediately. Therapy with FUZEON should not be restarted following systemic signs and symptoms consistent with a hypersensitivity reaction. Risk factors that may predict the occurrence or severity of hypersensitivity to FUZEON have not been identified.

5.5 Non-HIV Infected Individuals

There is a theoretical risk that FUZEON use may lead to the production of anti-enfuvirtide antibodies which cross react with HIV gp41. This could result in a false positive HIV test with an ELISA assay; a confirmatory western blot test would be expected to be negative. FUZEON has not been studied in non-HIV infected individuals.

5.6 Immune Reconstitution Syndrome

Immune reconstitution syndrome has been reported in patients treated with combination antiretroviral therapy, including FUZEON. During the initial phase of combination antiretroviral treatment, patients whose immune system responds may develop an inflammatory response to indolent or residual opportunistic infections (such as *Mycobacterium avium* infection, cytomegalovirus, *Pneumocystis jirovecii* pneumonia [PCP] or tuberculosis), which may necessitate further evaluation and treatment.

6 ADVERSE REACTIONS

The following adverse reactions are discussed in greater detail in other sections:

- Administration with Biojector® 2000 *[see Warnings and Precautions (5.2)]*
- Pneumonia *[see Warnings and Precautions (5.3)]*
- Hypersensitivity Reactions *[see Warnings and Precautions (5.4)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The overall safety profile of FUZEON is based on 2131 subjects who received at least 1 dose of FUZEON during various clinical trials. This includes 2051 adults, 658 of whom received the recommended dose for greater than 48 weeks, and 63 pediatric subjects.

Assessment of treatment-emergent adverse events is based on the pooled data from the two randomized, controlled, open-label, multicenter trials in treatment-experienced subjects, T20-301 (TORO 1) and T20-302 (TORO 2).

Local Injection Site Reactions

Local injection site reactions were the most frequent adverse events associated with the use of FUZEON. In T20-301 and T20-302, 98% of subjects had at least one local injection site reaction (ISR). A total of 7% of subjects discontinued treatment with FUZEON because of ISRs (4%) or difficulties with injecting FUZEON (3%) such as injection fatigue and inconvenience. Eighty-five percent of subjects experienced their first ISR during the initial week of treatment; ISRs continued to occur throughout treatment with FUZEON. For most subjects the severity of signs and symptoms associated with ISRs did not change during the 48 weeks of treatment. The majority of ISRs were associated with erythema, induration, the presence of nodules or cysts, and mild to moderate pain at the injection site (Table 2). In addition, the average duration of individual ISRs was between three and seven days in 41% of subjects and more than seven days in 24% of subjects. Also, the numbers of ISRs per subject at any one time was between six to 14 ISRs in 26% of subjects and more than 14 ISRs in 1.3% of subjects. Infection at the injection site (including abscess and cellulitis) was reported in 1.7% of adult subjects.

Table 2 Summary of Individual Signs/Symptoms Characterizing Local Injection Site Reactions to Enfuvirtide in Studies T20-301 and T20-302 Combined (% of Subjects) Through 48 Weeks

	N=663		
Event Category	**Any Severity Grade**	**% of Subjects with Grade 3 Reactions**	**% of Subjects with Grade 4 Reactions**
Pain/Discomfort[a]	96%	11%	0%
Induration	90%	39% >25 but <50 mm	18% ≥50 mm
Erythema	91%	22% >50 but <85 mm	10% ≥85 mm
Nodules and Cysts	80%	23% >3 cm average diameter	0.2% Draining
Pruritus[b]	65%	3%	NA
Ecchymosis	52%	5% >3 but ≤5 cm	2% >5 cm

[a]Grade 3 = severe pain requiring prescription non-topical analgesics or limiting usual activities.
Grade 4 = severe pain requiring hospitalization or prolongation of hospitalization, resulting in death, or persistent or significant disability/incapacity, or life-threatening, or medically significant.
[b]Grade 3 = refractory to topical treatment or requiring oral or parenteral treatment.
Grade 4 = not applicable.

Other Adverse Events

In T20-301 and T20-302, after study week 8, subjects on background alone who met protocol defined criteria for virological failure were permitted to revise their background regimens and add FUZEON. Exposure on FUZEON+background was 557 patient-years, and to background alone 162 patient-years. Due to this difference in exposure, safety results are expressed as the number of patients with an adverse event per 100 patient-years of exposure. For FUZEON+background, adverse events are also displayed by percent of subjects.

The events most frequently reported in subjects receiving FUZEON+background regimen, excluding ISRs, were diarrhea (38 per 100 patient-years or 31.7%), nausea (27 per 100 patient-years or 22.8%), and fatigue (24 per 100 patient-years or 20.2%). These events were also commonly observed in subjects that received background regimen alone: diarrhea (73 per 100 patient-years), nausea (50 per 100 patient-years), and fatigue (38 per 100 patient-years).

Treatment-emergent adverse events, regardless of causality and excluding ISRs, from Phase 3 studies are summarized for adult subjects, in Table 3. Any Grade 2 or above events occurring at ≥2 percent of subjects and at a higher rate in subjects treated with FUZEON are summarized in Table 3; events that occurred at a higher rate in the control arms are not displayed.

Rates of adverse events for subjects who switched to FUZEON after virological failure were similar.

Table 3 Rates of Treatment-Emergent Adverse Events* (≥Grade 2) Reported in ≥2% of Subjects Treated with FUZEON (Pooled Studies T20-301/T20-302 at 48 Weeks)**

Adverse Event (by System Organ Class)	**FUZEON+ Background Regimen (N=663)**	**FUZEON+ Background Regimen (N=663)**	**Background Regimen (N=334)**
	663 subjects total	557 total patient-years	162 total patient-years
	% frequency	rate/100 patient-years	rate/100 patient-years
Weight Decreased	6.6%	7.9	6.2
Sinusitis	6.0%	7.2	4.9
Abdominal Pain	3.9%	4.7	3.7
Cough	3.9%	4.7	2.5
Herpes Simplex	3.5%	4.1	3.7
Appetite Decreased	3.2%	3.8	2.5
Pancreatitis	3.0%	3.6	2.5
Pain in Limb	2.9%	3.4	3.1
Pneumonia (see text below)	2.7%	3.2	0.6
Myalgia	2.7%	3.2	1.2
Influenza-Like Illness	2.4%	2.9	1.9
Folliculitis	2.4%	2.9	2.5
Anorexia	2.3%	2.7	1.9
Dry Mouth	2.1%	2.5	1.9
Conjunctivitis	2.0%	2.3	1.9