

HIVInfo.us presents

An HIV Information Site & HIV Educational Resource Site (HIS & HERS)

tipranavir - Aptivus

General Information

Tipranavir (Aptivus) is almost always used as one component of a multidrug combination to suppress the human immunodeficiency (HIV) viral load.

Specifics

Tipranavir is one of the most potent antiviral drugs against HIV infection. Tipranavir is always combined with another protease inhibitor called ritonavir.

Tipranavir works by inhibiting the production of HIV's proteins. Tipranavir is classified as a protease inhibitor (PI) combination.

Dosing

Generally tipranavir is taken as two (2) 250 mg capsules twice a day with two (2) 100 mg ritonavir (Norvir) gel caps. Tipranavir and ritonavir are always taken with food. It is very important to take tipranavir with food to prevent it from irritating your stomach and bowels.

Tipranavir gel caps *may* need to be refrigerated for best results if the ambient temperature in your residence exceeds 86 deg Fahrenheit. Keep the bottle in the refrigerator prior to opening the bottle.

Adherence

(this refers to your willingness, ability, and actual performance in taking your medications)

For further information and tips on adherence, go to the [Adherence section](#) of this site.

The "all or none" rule applies to all antiviral medications such as tipranavir: you should commit yourself to taking every dose, every day OR take none at all. Missing doses leads to a worsening of HIV infections (resistance to medications) and makes finding a good antiviral medication harder to do.

As with any antiviral drug or antibiotic, try not to ever miss a dose. If you miss a dose and notice that you have done so within a few hours of its scheduled time, you may take the dose as usual and take the next dose at its regular time.

You should never change the dose of tipranavir without speaking to your healthcare provider first.

If you miss more than one dose, look at the reasons why you missed them and come up with a plan to avoid it in the future. For example, if you fell asleep too early, take the medicine earlier in the evening, with your later meal, set an alarm, or have someone appointed to wake you up for your medicine.

It is strongly recommended that you consider using weekly pill boxes and arrange all of your doses a week in advance. Buy a small pill box so that you can carry a

dose or two of your medicines with you in case you are away from home.

Possible Side Effects

The package insert for most drugs including tipranavir is often overwhelming and scary with perhaps an overemphasis on side effects. We have summarized the important and more common problems here.

Persons with sulfonamide or sulfa drug allergies should take tipranavir cautiously as tipranavir contains a sulfa molecule.

Many people take tipranavir without many side effects.

Possible side effects include rash, stomach upset, diarrhea, nausea, liver problems, increased fat (cholesterol and triglycerides) in the blood, turning yellow with jaundice, numbness of the lips or mouth, and possibly diabetes.

Persons with chronic hepatitis B or C or other liver problems should have their liver tests monitored closely.

Usually you will have blood tests done in the first month to look for the beneficial effects of tipranavir and any side effects.

Many minor side effects will either stay constant or get better with time. It is mainly the side effects that are severe or get worse that may cause significant health risks for you.

All drugs of this type can cause or contribute to abnormal fat redistribution characterized by an enlarged belly, a lump on the back of the neck ("buffalo hump"), thinning of the face, arms, or legs. In most cases this would be also accompanied by elevated cholesterol levels, elevated triglyceride levels, and perhaps a tendency to develop diabetes. The first symptoms of diabetes are increased thirst and increased urination.

Make sure that you tell your healthcare provider about all of your medications including over-the-counter ones.

Some medications probably should NOT be taken at all with tipranavir:

Protease inhibitors: all other protease inhibitors SHOULD NOT be administered with tipranavir

Certain antihistamines: terfenadine (Seldane), astemizole (Hismanal)

Drugs to increase esophagus and stomach movement: cisapride

Drugs to regulate heart rhythm: flecainide (Tambocor), propafenone (Rhythmol, Rhythmol SR), amiodarone, quinidine, bepridil

Ergot derivatives for migraine headaches: dihydroergotamine (D.H.E. 45), ergonovine, ergotamine, methylergonovine (Methergine)

Drugs to treat mental health problems (Tourette's syndrome): pimozide (Orap)

Sedatives/sleeping pills: midazolam (Versed), triazolam (Halcion)

All statins (drugs to decrease cholesterol) other than atorvastatin (Lipitor), pravastatin (Pravachol)

Interactions

This refers to the way that tipranavir affects other medications and how other medications affect tipranavir.

Natural remedies: St John's wort, garlic capsules

Tuberculosis treatment: rifampin (Rifadin, Rimactane, Rifamate)

Certain drugs should probably be used only very cautiously:

Antacids that contain aluminum and/or magnesium: Maalox, Mylanta, and many others - always stagger (separate) dose away from tipranavir/ritonavir by at least 2 hours

Oral diabetic medicines [hypoglycemics]: glimepiride, glipizide, glyburide, pioglitazone, repaglinide, tolbutamide - the interaction is unknown and therefore monitor for effectiveness carefully

Calcium channel blockers: diltiazem, felodipine, nicardipine, nisoldipine, verapamil

Antidepressant: desipramine [monitor the blood level and decrease the dose of desipramine], fluoxetine, paroxetine, sertraline

Certain HIV treatment medications: didanosine (Videx EC): separate Videx EC from tipranavir by at least 2 hours

Disulfiram/metronidazole: tipranavir contains alcohol that can produce a reaction with disulfiram or metronidazole

Drugs to prevent seizures: phenytoin (Dilantin)

All erectile dysfunction drugs: sildenafil (Viagra), tadalafil (Cialis), vardenafil (Levitra)

Drugs to prevent rejection of transplanted organs or bone marrow: cyclosporine (Neoral, Sandimmune), tacrolimus (FK506, Prograf), sirolimus (Rapamune)

Drugs to treat mycobacteria or TB-like infections: Rifabutin (Mycobutin) [decrease rifabutin to 150 mg every other day]

Pain medication: methadone (Dolophine, Methadose), meperidine (Demerol) [avoid higher dosages and long-term use]

Oral contraceptive pills (another form of contraception should be used in addition). Also there is an increased chance of skin rash if someone takes ethinyl estradiol with tipranavir.

Statin drugs: atorvastatin (Lipitor) [start with lowest possible dose]

Certain antibiotics: clarithromycin (Biaxin) [reduce dose of Biaxin if your kidney function is less than 1/3 of normal]

Antifungals: ketoconazole (Nizoral), itraconazole (Sporanox), voriconazole (Vfend)

Blood thinning medications: warfarin (Coumadin)

Report to you healthcare provider or go to an Emergency Room if you have severe side effects, skin rash, increasing side effects, shortness of breath, uncontrollable diarrhea, back pain, groin pain, fever, weakness, jaundice (eyes and skin turn yellow,) muscle pain, nausea and vomiting so that you cannot hold down your food and liquids.

You can download this handout in PDF format by clicking [HERE](#).