

Abbott is pleased to introduce its new tablet formulation of NORVIR® (ritonavir). The NORVIR tablet formulation enables healthcare providers to provide their patients with medication that has changed in a few ways:

- · Film-coated tablets are smaller.
- NORVIR tablets should be swallowed whole, and not chewed, broken, or crushed.
- NORVIR tablets may be stored at room temperature and do not need to be refrigerated before or after dispensing.
   For patient use: Exposure of this product to high humidity outside the original container for longer than 2 weeks is not recommended.
- NORVIR tablets are not bioequivalent to NORVIR capsules. Under moderate fat conditions (857 kcal; 31% fat, 13% protein, 56% carbohydrates), when a 100 mg NORVIR dose was administered as a tablet compared with a capsule, AUC (0 − ∞) met equivalence criteria but mean C<sub>max</sub> was increased by 26% (92.8% confidence intervals: ↑15 − ↑39%). No information is available comparing NORVIR tablets to NORVIR capsules under fasting conditions. While the NORVIR tablets are not bioequivalent to the capsule, there is no requirement for dosage change.
- Patients who take the 600 mg twice daily soft gel capsule NORVIR dose may experience more gastrointestinal side effects such as nausea, vomiting, abdominal pain or diarrhea when switching from the soft gel capsule to the tablet formulation because of greater maximum plasma concentration (C<sub>max</sub>) achieved with the tablet formulation relative to the soft gel capsule. Patients should also be aware that these adverse events (gastrointestinal or paresthesias) may diminish as therapy is continued.

#### Indication

NORVIR® (ritonavir) is indicated in combination with other antiretroviral agents for the treatment of HIV infection.

#### **Safety Considerations**

Co-administration of NORVIR with sedative hypnotics, antiarrhythmics, or ergot alkaloid preparations may result in potentially serious and/or life-threatening adverse events due to possible effects of NORVIR on the hepatic metabolism of certain drugs. NORVIR is contraindicated in patients with known hypersensitivity to the drug or its ingredients. NORVIR is contraindicated with drugs highly dependent on CYP3A for clearance and for which elevated plasma concentrations may be associated with serious and/or life-threatening events, and with drugs that significantly reduce ritonavir. Hepatic reactions and pancreatitis, including fatalities; allergic reactions/hypersensitivity; PR interval prolongation; and elevations in total cholesterol, triglycerides, AST, ALT, GGT, CPK and uric acid have been reported with NORVIR. Patients may also develop new onset or exacerbations of diabetes mellitus, hyperglycemia, immune reconstitution syndrome, redistribution/accumulation of body fat, cross-resistance among protease inhibitors and/or increased bleeding in patients with hemophilia type A and B. Please see the Important Safety Information for more details.

#### New NORVIR Tablets Now Available

- Abbott is working to raise patient awareness about the tablet formulation and is
  providing patient education materials to healthcare providers, and patients.
- NORVIR soft gelatin capsules and oral solution (liquid) are still available.

## **Prescribing and Ordering NORVIR Tablets**

- In order to minimize confusion during dispensing, prescribe new NORVIR tablets by specifying the dosage form: NORVIR 100 mg tablets.
- The NDC number for the new NORVIR tablet is 0074-3333-30. Please order the new NORVIR tablets in your usual manner or contact Abbott Customer Service at 1-800-255-5162.

### **Features of NORVIR Capsules and New NORVIR Tablets**

	Original NORVIR Capsules	New NORVIR Tablets
Active Ingredient	100 mg ritonavir	100 mg ritonavir
Food Effect	Taken with food if possible	Taken with meals
Storage Condition	<ul> <li>Until dispensed, store in the refrigerator at 36°-46°F (2°-8°C).</li> <li>Refrigeration recommended by patient if not used within 30 days and stored below 77°F (25°C).</li> </ul>	<ul> <li>Store at 20°-25°C (68°-77°F). Excursions permitted to 15°-30°C (59°-86°F) [Room temperature].</li> <li>No need to refrigerate before or after dispensing.</li> <li>Dispense in original container. For patient use: Exposure of this product to high humidity outside the original container for longer than 2 weeks is not recommended.</li> </ul>
Stocking Information	NDC 0074-6633-30 Package size: 30 capsules WAC/each \$257.17	NDC 0074-3333-30 Package size: 30 tablets WAC/each \$257.17 CAH Ordering CIN – 4284139
Illustration	O 1/4" 1/2" 3/4" 1"	O 1/4" 1/2" 3/4" 1"

If you have any questions or need additional information about the NORVIR 100 mg tablet, please contact your Abbott Sales Representative or call Medical Information at 1-800-633-9110.

Sincerely.

Robert Hoff, MD

Senior Medical Director, Medical Communications

Abbott Laboratories

Please see Indication and Important Safety Information, including Boxed Warning about drug interactions, on page two.

Please visit http://www.rxabbott.com/pdf/norvirtab\_pi.pdf to view the full Prescribing Information for NORVIR Tablets and Oral Solution.

Please visit http://www.rxabbott.com/pdf/norpi2a.pdf to view the full Prescribing Information for NORVIR Soft Gelatin Capsules.





# Indication and Important Safety Information<sup>1</sup>

### Indication

NORVIR® (ritonavir) is indicated in combination with other antiretroviral agents for the treatment of HIV infection.

# **Important Safety Information**

## **WARNING:**

Co-administration of NORVIR with sedative hypnotics, antiarrhythmics, or ergot alkaloid preparations may result in potentially serious and/or life-threatening adverse events due to possible effects of NORVIR on the hepatic metabolism of certain drugs.

When co-administering NORVIR with other protease inhibitors, see the full Prescribing Information for that protease inhibitor, including Contraindications and important Warnings and Precautions.

NORVIR is contraindicated in patients with known hypersensitivity to ritonavir or any of its ingredients.

NORVIR is contraindicated with drugs highly dependent on CYP3A for clearance and for which elevated plasma concentrations may be associated with serious and/or life-threatening events and with drugs that significantly reduce ritonavir. These drugs include: alfuzosin HCL, amiodarone, bepridil, flecainide, propafenone, quinidine, dihydroergotamine, ergonovine, ergotamine, methylergonovine, cisapride, St. John's wort (hypericum perforatum), lovastatin, simvastatin, pimozide, sildenafil (Revatio®) only when used for the treatment of pulmonary arterial hypertension, oral midazolam and triazolam. Voriconazole is contraindicated with NORVIR as it results in a significant decrease in the plasma concentration of voriconazole.

Consider established and other potentially significant drug-drug interactions to reduce risk of serious or life-threatening adverse reactions. Alteration in dose or regimen, drug level monitoring, clinical response monitoring, or increased observations for adverse events may be recommended during co-administration of NORVIR with other CYP3A, and to a lesser extent CYP2D6, substrates. Please see full Prescribing Information for a listing of established and other potentially significant drug interactions.

Hepatic reactions, including fatalities, have occurred in patients receiving NORVIR. Monitor liver function before and during therapy, especially in patients with underlying hepatic disease, including hepatitis B and hepatitis C, or marked transaminase elevations.

Pancreatitis, including fatalities, has occurred in patients receiving NORVIR therapy, including those who developed hypertriglyceridemia. Discontinue NORVIR therapy if a diagnosis of pancreatitis is made.

Allergic reactions have been reported and include anaphylaxis, Stevens-Johnson syndrome, urticaria, mild skin eruptions, bronchospasm and angioedema. Discontinue treatment if severe reactions develop.

Ritonavir prolongs the PR interval in some patients. Cases of second and third degree atrioventricular block have been reported. Use with caution in patients with underlying structural heart disease, preexisting conduction system abnormalities, ischemic heart disease, cardiomyopathies, or when co-administering NORVIR with other drugs that may prolong the PR interval. Clinical monitoring is recommended.

Treatment with NORVIR has resulted in substantial increases in the concentration of total cholesterol and triglycerides. Monitor lipids prior to therapy and periodically thereafter.

New onset diabetes mellitus, exacerbations of diabetes mellitus, and hyperglycemia have been reported in patients receiving protease inhibitors.

Immune reconstitution syndrome has been reported in patients receiving combination ARV therapy, including NORVIR. During the initial phase of ARV treatment, patients whose immune system responds may develop an inflammatory response to indolent or residual opportunistic infections, which may necessitate further evaluation and treatment.

Redistribution/accumulation of body fat has been observed in patients receiving ARV therapy. The mechanism and long-term consequences of these events are currently unknown.

Increased bleeding has been reported in patients with hemophilia type A and B treated with protease inhibitors. Additional factor VIII may be required.

Varying degrees of cross-resistance among protease inhibitors have been observed.

NORVIR has been shown to increase triglycerides, cholesterol, SGOT (AST), SGPT (ALT), GGT, CPK, and uric acid. Appropriate laboratory testing should be performed prior to initiating NORVIR therapy and periodically thereafter.

The most common adverse reactions (>5% and of moderate to severe intensity) are abdominal pain, asthenia, headache, malaise, anorexia, diarrhea, dyspepsia, nausea, vomiting, paresthesia, circumoral paresthesia, peripheral paresthesia, dizziness, and taste perversion.

Reference: 1. Norvir [package insert]. North Chicago, IL: Abbott Laboratories.





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