



## Manual Prior Authorization

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### **TYBOST® (cobicistat)**

#### **ANTIRETROVIRALS: PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR**

#### **FDA approved uses for Tybost®:**

HIV infection, to increase systemic exposure of once daily atazanavir or darunavir.

#### **Limitations of Use:**

- Tybost® is not interchangeable with ritonavir to increase systemic exposure of darunavir 600 mg twice daily, fosamprenavir, saquinavir, or tipranavir due to lack of exposure data.
- The use of Tybost® is not recommended with darunavir 600 mg twice daily, fosamprenavir, saquinavir or tipranavir.
- Complex or unknown mechanisms of drug interactions preclude extrapolation of ritonavir drug interactions to certain Tybost® interactions. Tybost® and ritonavir when administered with either atazanavir or darunavir may result in different drug interactions when used with concomitant medications.

#### **Prior Authorization Criteria:**

- Diagnosis of HIV  
**AND**
- 18 years or older  
**AND**
- Tybost dose :  
Tybost 150mg orally once daily **AND** atazanavir 300mg orally once daily  
**OR**  
Tybost 150mg orally once daily **AND** darunavir 800mg orally once daily  
**AND**
- Documentation of intolerance, contra-indication or other clinically significant reason why ritonavir cannot be used as the pharmacologic booster

**Last date updated: 05/01/2015**