

Descovy for PrEP[®] (FTC/TAF) Missed Doses and Effect on Efficacy

This document is in response to your request for information regarding the effect of missed doses of Descovy for PrEP[®] (emtricitabine/tenofovir alafenamide [FTC/TAF] for HIV-1 pre-exposure prophylaxis [PrEP]) on efficacy.

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The full indication, important safety information, and boxed warnings are available at: www.gilead.com/-/media/files/pdfs/medicines/hiv/descovy/descovy_pi.

Product Labeling¹

Indications and Usage

HIV-1 PrEP

FTC/TAF is indicated in at-risk adults and adolescents weighing ≥ 35 kg for PrEP to reduce the risk of HIV-1 infection from sexual acquisition, excluding individuals at risk from receptive vaginal sex. Individuals must have a negative HIV-1 test immediately prior to initiating FTC/TAF for HIV-1 PrEP.

Limitations of Use: The indication does not include the use of FTC/TAF in individuals at risk of HIV-1 from receptive vaginal sex because effectiveness in this population has not been evaluated.

Dosage and Administration

Recommended dosage for HIV-1 PrEP in adults and adolescents weighing ≥ 35 kg

The dosage of FTC/TAF for HIV-1 PrEP is one tablet (containing 200 mg of FTC and 25 mg of TAF) once daily taken orally with or without food in adults and adolescents without HIV-1 weighing ≥ 35 kg and with a CrCl ≥ 30 mL/min; or adults without HIV-1 and with CrCl < 15 mL/min who are receiving chronic hemodialysis. On days of hemodialysis, administer the daily dose of FTC/TAF after completion of hemodialysis treatment.

Clinical Studies

Clinical trial results for HIV-1 PrEP

The registrational study, DISCOVER, evaluated the efficacy and safety of FTC/TAF for HIV-1 PrEP vs FTC/TDF. In a case-control substudy of intracellular drug levels and

estimated number of daily doses as measured by dried blood spot testing, median intracellular TFV-DP concentrations were substantially lower in participants infected with HIV-1 at the time of diagnosis compared with uninfected matched control participants. For both FTC/TAF and FTC/TDF, efficacy was therefore strongly correlated to adherence to daily dosing.

Patient Counseling Information

Advise individuals without HIV-1 about the importance of taking FTC/TAF on a regular dosing schedule and strict adherence to the recommended dosing schedule to reduce the risk of acquiring HIV-1. Individuals without HIV-1 who miss doses are at greater risk of acquiring HIV-1 than those who do not miss doses.

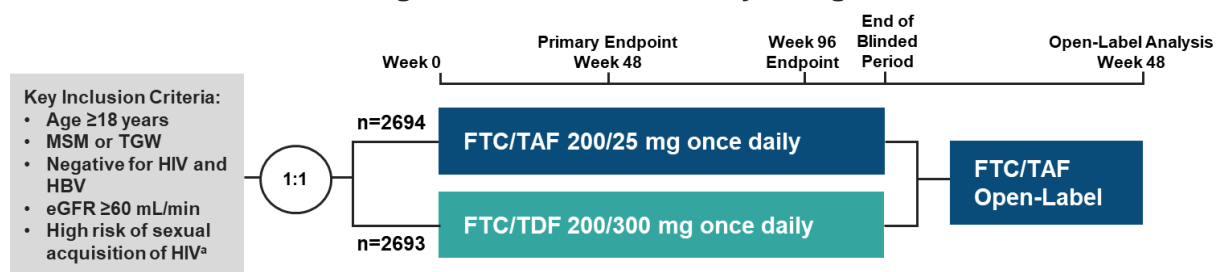
Clinical Data on Missed FTC/TAF Doses and Effect on Efficacy

DISCOVER: FTC/TAF vs FTC/TDF for HIV-1 PrEP in MSM and TGW

Study design

DISCOVER was a phase 3, double-blind, active controlled, multinational study that included 5387 HIV-negative, adult MSM and TGW and evaluated the safety and efficacy of FTC/TAF vs FTC/TDF for HIV-1 PrEP (Figure 1). Prior use of FTC/TDF for HIV-1 PrEP was allowed. The primary outcome was the incidence of HIV acquisition.²

Figure 1. DISCOVER: Study Design^{2,3}



^aHigh risk was defined as ≥2 episodes of condomless anal intercourse with ≥2 unique male partners of HIV-positive or unknown HIV status within the previous 12 weeks, or a documented history of syphilis, rectal gonorrhea, or rectal chlamydia in the previous 24 weeks.

PK results

An analysis of PK data was conducted. TFV-DP concentrations in PBMCs were compared with PK data from historical phase 1 studies to estimate the onset and duration of HIV protection between the two arms. Based on a simulation at steady state with daily dosing, study investigators expect median PBMC TFV-DP levels to remain above EC₉₀ longer with FTC/TAF (16 days) than FTC/TDF (10 days) after the last dose.⁴ However, the impact of these data have not been established in any clinical study. EC₉₀ has not been shown to correlate with efficacy. The clinical relevance of these PK data and the correlate of HIV protection is unknown.

References

1. Enclosed. Gilead Sciences Inc, DESCOVY® (emtricitabine and tenofovir alafenamide) tablets, for oral use. U. S. Prescribing Information. Foster City, CA.
 2. Wohl DA, Spinner CD, Flamm J, et al. HIV-1 infection kinetics, drug resistance, and long-term safety of pre-exposure prophylaxis with emtricitabine plus tenofovir alafenamide (DISCOVER): week 144 open-label extension of a randomised, controlled, phase 3 trial. *Lancet HIV*. 2024;11(8):508-521.
 3. Wohl DA, Spinner CD, Flamm J, et al. HIV-1 infection kinetics, drug resistance, and long-term safety of pre-exposure prophylaxis with emtricitabine plus tenofovir alafenamide (DISCOVER): week 144 open-label extension of a randomised, controlled, phase 3 trial [Supplementary Appendix]. *Lancet HIV*. 2024;11(8):508-521.
 4. Spinner CD, Brunetta J, Shalit P, et al. DISCOVER STUDY for HIV Pre-Exposure Prophylaxis: F/TAF has a more Rapid Onset and Longer Sustained Duration of HIV Protection Compared with F/TDF [Presentation]. Paper presented at: IAS 2019; 21-24 July, 2019; Mexico City, Mexico.
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Abbreviations

EC₉₀=intracellular drug level associated with 90% HIV risk reduction
FTC=emtricitabine
MSM=men who have sex with men

PBMC=peripheral mononuclear blood cells
PK=pharmacokinetic(s)
PrEP=pre-exposure prophylaxis
TAF=tenofovir alafenamide

TDF=tenofovir disoproxil fumarate
TFV-DP=tenofovir diphosphate
TGW=transgender women

Product Label

For the full indication, important safety information, and boxed warning(s), please refer to the Descovy US Prescribing Information available at:

www.gilead.com/-/media/files/pdfs/medicines/hiv/descovy/descovy_pi.

Follow Up

For any additional questions, please contact Gilead Medical Information at:

☎ 1-866-MEDI-GSI (1-866-633-4474) or 🌐 www.askgileadmedical.com

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Please report all adverse events to:

Gilead Global Patient Safety ☎ 1-800-445-3235, option 3 or

🌐 www.gilead.com/utility/contact/report-an-adverse-event

FDA MedWatch Program by ☎ 1-800-FDA-1088 or ✉ MedWatch, FDA, 5600 Fishers Ln, Rockville, MD 20852 or 🌐 www.accessdata.fda.gov/scripts/medwatch

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