PROACTIVE HIV PREVENTION WITH TRUVADA FOR PrEP™

Please see full Prescribing Information, including BOXED WARNING on risk of drug resistance with use of TRUVADA for PrEP in undiagnosed early HIV-1 infection and post-treatment acute exacerbation of hepatitis B, available at this presentation and at start.truvada.com/hcp.
HIV IN THE UNITED STATES: AT A GLANCE

Please see full Prescribing Information, including BOXED WARNING, available at this presentation and at start.truvada.com/hcp.
Progress Remains Uneven in Reducing New HIV Infections

New HIV Infections, by Transmission Category, United States, 2015¹

- 39,393 New HIV Infections in 2015ᵃ
  - Heterosexuals: 9,339 infections (24% decline since 2010)
  - People who inject drugs: 2,392 infections (31% decline since 2010)
  - MSM who inject drugs: 1,202 infections (24% decline since 2010)
  - MSM: 26,376 infections (Stable since 2010)

Estimated HIV Incidence Among MSMᵇ, by Age, United States, 2008–2014²,³

- Total new HIV infections declined 10% in the US from 2010 to 2015¹
- MSM were the only group that did not experience an overall decline from 2010 to 2015¹

MSM, men who have sex with men.

a. Data has been statistically adjusted to account for missing transmission category.
b. Adjusted for missing risk factor information.
HIV Prevalence in Certain Populations in the United States Is Higher Than in Some Nations With High Prevalence of HIV

The overall lifetime risk of HIV in the United States is 1 in 99\(^1\)
- African-American men have the highest lifetime risk of HIV of all races and ethnicities (1 in 20)\(^1\)
- African-American MSM (1 in 2) and Hispanic MSM (1 in 4) have even higher lifetime risk of HIV\(^1\)
- Racial disparities along the HIV care continuum might reflect differences in access to and use of health care and treatment\(^2\)

Major Disparities Exist in the Estimated Lifetime Risk of HIV Diagnosis in the US

HIV PREVENTION: PRE-EXPOSURE PROPHYLAXIS

Please see full Prescribing Information, including BOXED WARNING, available at this presentation and at start.truvada.com/hcp.
TRUVADA for PrEP: Program Overview

• TRUVADA for PrEP Indication, Prescribing Considerations, and Important Safety Information

• Identification of Candidates for TRUVADA for PrEP and Comprehensive Management to Reduce the Risk of HIV-1 Infection

• TRUVADA for PrEP Clinical Studies: iPrEx and Partners PrEP

• Clinical Guidelines and the National HIV/AIDS Strategy

• TRUVADA for PrEP Risk Evaluation Mitigation Strategy (REMS)

• Summary
TRUVADA FOR PrEP INDICATION, PRESCRIBING CONSIDERATIONS, AND IMPORTANT SAFETY INFORMATION

Please see full Prescribing Information, including BOXED WARNING, available at this presentation and at start.truvada.com/hcp.
TRUVADA for PrEP Indication

- TRUVADA for PrEP (pre-exposure prophylaxis) is indicated in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 in adults at high risk.

☑ One tablet, once daily
☑ Taken with or without food

emtricitabine (FTC) 200 mg + tenofovir disoproxil fumarate (TDF) 300 mg

Prescribing Considerations

TRUVADA for PrEP must only be prescribed as part of a comprehensive prevention strategy because TRUVADA is not always effective in preventing the acquisition of HIV-1 infection.

Uninfected individuals must strictly adhere to their dosing schedule: one tablet once daily with or without food. The effectiveness of TRUVADA in reducing the risk of acquiring HIV-1 is strongly correlated with adherence.

HIV-1-negative status must be confirmed prior to initiating TRUVADA for PrEP and at least every 3 months thereafter.

- If clinical symptoms of acute HIV-1 infection are present and recent exposures (<1 month) are suspected, delay initiating TRUVADA for PrEP for at least 1 month until HIV-1 negative status is reconfirmed.
- Alternatively, HIV-1 negative status can be confirmed with a test approved by the FDA to aid diagnosis of acute or primary HIV-1 infection.

FDA, Food and Drug Administration.
BOXED WARNING: TRUVADA for PrEP

RISK OF DRUG RESISTANCE WITH USE OF TRUVADA FOR PrEP IN UNDIAGNOSED EARLY HIV-1 INFECTION

• TRUVADA for PrEP must only be prescribed to individuals confirmed to be HIV negative immediately prior to initiating and periodically (at least every 3 months) during use

• Drug-resistant HIV-1 variants have been identified with use of TRUVADA for PrEP following undetected acute HIV-1 infection

• Do not initiate TRUVADA for PrEP if signs or symptoms of acute HIV-1 infection are present unless negative infection status is confirmed

BOXED WARNING: TRUVADA for PrEP

POST-TREATMENT ACUTE EXACERBATION OF HEPATITIS B

- TRUVADA is not approved for the treatment of chronic hepatitis B virus (HBV) infection, and the safety and efficacy of TRUVADA have not been established in patients infected with HBV.
- Severe acute exacerbations of hepatitis B have been reported in patients who are coinfected with HBV and HIV-1 and have discontinued TRUVADA.
- Hepatic function should be monitored closely with both clinical and laboratory follow-up for at least several months in patients who are infected with HBV and discontinue TRUVADA. If appropriate, initiation of anti-hepatitis B therapy may be warranted.

HBV, hepatitis B virus.
Important Considerations

Contraindications:

- Do not use TRUVADA for PrEP in individuals with unknown or positive HIV-1 status

Dosage and Administration:

- Adult dosage: One tablet once daily with or without food
- Renal impairment: Do not use in individuals with CrCl <60 mL/min
- Testing prior to initiation: Test for HIV-1 and HBV infection

CrCl, estimated creatinine clearance.
Warnings and Precautions

New Onset or Worsening Renal Impairment:

- Cases of acute renal impairment and Fanconi syndrome have been reported with the use of TDF
- In all patients, assess estimated CrCl prior to initiating and during therapy
- In patients at risk for renal dysfunction, additionally monitor serum phosphorus, urine glucose, and urine protein
- Avoid concurrent or recent use with a nephrotoxic agent
- Cases of acute renal failure have been reported after initiation of high dose or multiple NSAIDs in patients at risk for renal dysfunction. Consider alternatives to NSAIDs in these patients
- Do not use TRUVADA for PrEP in uninfected individuals with CrCl <60 mL/min
- Reassess potential risks and benefits of using TRUVADA for PrEP if a decrease in CrCl is observed during use

NSAID, nonsteroidal anti-inflammatory drug.
Warnings and Precautions (Cont’d)

Lactic Acidosis and Severe Hepatomegaly with Steatosis

- Fatal cases have been reported with the use of nucleoside analogs, including TRUVADA
- Discontinue TRUVADA for PrEP if clinical or laboratory findings suggestive of lactic acidosis or pronounced hepatotoxicity develop, including hepatomegaly and steatosis in the absence of marked transaminase elevations

Use With Other Antiviral Products:

- Do not coadminister TRUVADA for PrEP with products containing FTC, TAF, TDF, 3TC, or ADV

Bone Effects:

- Decreases in BMD and mineralization defects, including osteomalacia associated with proximal renal tubulopathy, have been reported with the use of TDF
- Consider monitoring BMD in patients with a history of pathologic fracture or risk factors for bone loss

3TC, lamivudine; ADV, adefovir dipivoxil; BMD, bone mineral density; TAF, tenofovir alafenamide.
IDENTIFICATION OF CANDIDATES FOR TRUVADA FOR PrEP AND COMPREHENSIVE MANAGEMENT TO REDUCE THE RISK OF HIV-1 INFECTION

Please see full Prescribing Information, including BOXED WARNING, available at this presentation and at start.truvada.com/hcp.
Identification of Adult Candidates for TRUVADA for PrEP

• Uninfected individuals at high risk for sexually acquired HIV-1 may include:

  Individuals with HIV-1-infected partner(s) OR

  Individuals who engage in sexual activity in a high-prevalence area or social network AND have one or more of the following risk factors:

  - Partner(s) of unknown HIV-1 status
  - Inconsistent or no condom use
  - Diagnosis of sexually transmitted infections
  - Exchange of sex for commodities
  - Use of illicit drugs or alcohol dependence
  - Incarceration

Clayton is a 27-year-old African American male who dates casually and doesn’t always use condoms. He was diagnosed and successfully treated for gonorrhea 4 months ago. He understands that this puts him at risk of acquiring HIV and you think he might be an appropriate candidate for TRUVADA for PrEP.

What must you, his provider, do prior to initiating TRUVADA for PrEP?

When taking a sexual history, what types of questions would you ask?

• Do you have sex with men, women, or both?

How would you consider this case if it were a female patient?

Confirm HIV-1 Status Prior to TRUVADA for PrEP Initiation

- Confirm HIV-1-negative status immediately prior to initiation
- If signs or symptoms of acute HIV-1 infection (e.g., fever, fatigue, myalgia, skin rash) are present and recent exposures (<1 month) are suspected, delay initiation for ≥1 month, and reconfirm HIV-1 negative status
- Alternatively, confirm HIV-1-negative status with a test approved by the FDA to aid diagnosis of acute or primary HIV-1 infection

Discontinue if an HIV-1 Infection is Suspected

- Screen uninfected individuals for HIV-1 infection at least every 3 months while they are taking TRUVADA for PrEP
- If symptoms of acute HIV-1 infection develop following a potential exposure event, discontinue TRUVADA for PrEP until HIV-1-negative status is confirmed using a test approved by the FDA to aid diagnosis of acute or primary HIV-1 infection

HIV-1 resistance may emerge in individuals with undetected HIV-1 infection who are taking only TRUVADA because this does not constitute a complete ART regimen for HIV-1 treatment.

ART, antiretroviral therapy.
TRUVADA for PrEP Should Be Used as Part of a Comprehensive Prevention Strategy

- Safer sex practices, including consistent and correct use of condoms, and reducing sexual risk behavior
- Knowledge of their own HIV-1 status and that of their partner(s)
- Regular testing for HIV-1 and other STIs
- Counsel uninfected individuals to strictly adhere to their dosing schedule

- TRUVADA for PrEP is not always effective in preventing the acquisition of HIV-1
- The effectiveness of TRUVADA for PrEP in reducing the risk of acquiring HIV-1 is strongly correlated with adherence

STI, sexually transmitted infection.
Second Visit: Initiation

What counseling should Clayton receive prior to his provider prescribing TRUVADA for PrEP?

If clinical symptoms consistent with acute viral infection are present and recent (<1 month) exposures are suspected, delay starting PrEP for at least one month and reconfirm HIV-1 status or use a test approved by the FDA as an aid in the diagnosis of HIV-1 infection, including acute or primary HIV-1 infection.

Second Visit: Initiating TRUVADA for PrEP

1. Discuss known safety risks and potential adverse reactions with the use of TRUVADA for PrEP.
2. Counsel on the importance of scheduled follow-up, including regular HIV-1 screening tests (at least every 3 months), while taking TRUVADA for PrEP to reconfirm HIV-1-negative status.
3. Counsel on the importance of adherence to daily dosing schedule.
4. Counsel that TRUVADA for PrEP should be used only as part of a comprehensive prevention strategy.
5. Educate on practicing safer sex consistently and using condoms correctly.
6. Discuss the importance of discontinuing TRUVADA for PrEP if seroconversion has occurred, to reduce the development of resistant HIV-1 variants.
7. Discuss the importance of the individual knowing their HIV-1 status and, if possible, that of their partner(s).
8. Discuss the importance of and perform screening for sexually transmitted infections (STIs), such as syphilis and gonorrhea, that can facilitate HIV-1 transmission.
9. Offer HBV vaccination as appropriate.
10. If appropriate, provide a prescription for TRUVADA for PrEP for no more than 90 days (until the next HIV test).

TRUVADA FOR PrEP CLINICAL STUDIES

Please see full Prescribing Information, including BOXED WARNING, available at this presentation and at start.truvada.com/hcp.

iPrEx, Pre-exposure Prophylaxis Initiative.
**Partners PrEP Trial Design**

**Randomized, Double-Blind, Placebo-Controlled Efficacy and Safety Study**
(Kenya, Uganda)

**Primary endpoint¹:**
- HIV-1 infection in an HIV-1-negative partner
- Cohort was followed for 7830 PY for the assessment of HIV-1 incidence accrued (median, 23 months; interquartile range, 16 to 28; range, 1 to 36)

**Baseline characteristics of uninfected partners²:**
- Mean age of subjects: 33–34 years
- Gender: 61%–64% male across study groups

**All participants received¹,²:**
- Safer sex counseling (individually and as a couple)
- Monthly HIV-1 testing
- Free condoms
- Testing and management of STIs
- Monitoring and care for HIV-1

PY, person-years.

a. Not shown: TDF (N=1,589); TDF alone is not approved to prevent HIV-1 acquisition.

Partners PrEP: Proven Reduction in HIV-1 Acquisition

**RISK REDUCTION**

In HIV-1 acquisition vs placebo

HIV seroconversion was observed in\(^1,2\):
- 13 out of 1576 subjects in the TRUVADA group
- 52 out of 1578 subjects in the placebo group

In a post-hoc case control study of plasma and intracellular drug levels in about **10% of study subjects**, relative risk reduction appeared to be the greatest in subjects with detectable drug levels. **Efficacy was therefore strongly correlated with adherence**\(^1,2\)
- 9 of 12 seroconverters in the TRUVADA group had no detectable drug levels\(^3\)

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1. TRUVADA Prescribing Information. Gilead Sciences, Inc. 2017;
Sexual Risk-Taking Over the Course of the Partners PrEP Trial

These data may not reflect behavior in the real-world setting.

- Study subjects received ongoing individual and couples risk-reduction counseling and free condoms with training and counseling

Randomized, Double-Blind, Placebo-Controlled Efficacy and Safety Study in Peru, Ecuador, South Africa, Brazil, Thailand, and the United States (Boston, San Francisco)\(^1\)

**Study population\(^{1,2}\):**
- High risk for HIV-1 acquisition
- HIV-1-negative MSM, ≥18 years old

**Primary endpoint\(^1\):**
- HIV-1 seroconversion
- Cohort was followed for 3324 PY with a variable duration of observation (median, 1.2 years; maximum, 2.8 years)

**Baseline characteristics\(^1\):**
- Mean age of subjects: 27 years
- Race/ethnicity:
  - 72% Hispanic/Latino
  - 18% white
  - 9% black
  - 5% Asian

**All participants received\(^1\):**
- Monthly HIV-1 testing
- Risk-reduction counseling
- Condoms
- Management of STIs

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iPrEx: Proven Reduction in HIV-1 Acquisition

All Subjects\(^1,2\)  

Subjects With Detectable Drug Levels\(^1,2\)

Men Who Have Sex With Men  
(High Risk)

- 42\%  
  RISK REDUCTION  
in HIV-1 acquisition  
vs placebo

HIV seroconversion was observed in\(^1\):  
- 48 out of 1251 subjects in the TRUVADA group  
- 83 out of 1248 subjects in the placebo group

Men Who Have Sex With Men  
(High Risk)

- 92\%  
  RISK REDUCTION  
in HIV-1 acquisition in TRUVADA users with detectable drug levels vs those without detectable drug levels

In a post-hoc case control study of plasma and intracellular drug levels in about 10\% of study subjects, relative risk reduction appeared to be the greatest in subjects with detectable drug levels. Efficacy was therefore strongly correlated with adherence\(^1,2\):  
- 31 of 34 seroconverters in the TRUVADA group had no detectable drug levels\(^2\)

Sexual Risk-Taking Over the Course of the iPrEx Trial

These data may not reflect behavior in the real-world setting.

- Sexual practices were assessed at baseline and quarterly thereafter by interviewer-administered questionnaires; perceived treatment assignment and TRUVADA for PrEP efficacy beliefs were assessed at 12 weeks.
- Study subjects received ongoing risk-reduction counseling and free condoms.

RAI, receptive anal intercourse.
### HIV-1 Drug Resistance

**Partners PrEP N=4758**

<table>
<thead>
<tr>
<th></th>
<th>PLACEBO</th>
<th>TRUVADA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-Positive Subjects, n</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>HIV-Positive Subjects With Resistance, n</td>
<td>0</td>
<td>1(^a)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>PLACEBO</th>
<th>TRUVADA</th>
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<tbody>
<tr>
<td>HIV-Positive Subjects, n</td>
<td>51</td>
<td>12</td>
</tr>
<tr>
<td>HIV-Positive Subjects With Resistance, n</td>
<td>0</td>
<td>0</td>
</tr>
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</table>

**iPrEx N=2499**

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<tr>
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<th>TRUVADA</th>
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</thead>
<tbody>
<tr>
<td>HIV-Positive Subjects, n</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>HIV-Positive Subjects With Resistance, n</td>
<td>1(^a)</td>
<td>2(^a)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>PLACEBO</th>
<th>TRUVADA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-Positive Subjects, n</td>
<td>83</td>
<td>48</td>
</tr>
<tr>
<td>HIV-Positive Subjects With Resistance, n</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- In these clinical trials, resistance to FTC or TDF only occurred when TRUVADA for PrEP was given to individuals with unrecognized/acute infection\(^1–3\)
  - To minimize the risk of resistance TRUVADA for PrEP should only be prescribed to individuals confirmed to be HIV negative
  - If symptoms of acute HIV-1 infection develop following a potential exposure event, discontinue TRUVADA for PrEP until negative HIV-1 status is confirmed using a test approved by the FDA to aid diagnosis of acute or primary HIV-1 infection

\(^a\) M184V/I.

Adverse Events Reported in ≥2% of Subjects in Any Study Group

<table>
<thead>
<tr>
<th>Adverse Event (All Grades)</th>
<th>TRUVADA (n=1579), %</th>
<th>Placebo (n=1584), %</th>
<th>Adverse Event (All Grades)</th>
<th>TRUVADA (n=1251), %</th>
<th>Placebo (n=1248), %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary tract infection</td>
<td>5</td>
<td>7</td>
<td>Pharyngitis</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>2</td>
<td>3</td>
<td>Diarrhea</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Genital ulceration</td>
<td>2</td>
<td>2</td>
<td>Headache</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Syphilis</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Secondary syphilis</td>
<td>6</td>
<td>4</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Depression</td>
<td>6</td>
<td>7</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Urethritis</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Back pain</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Abdominal pain</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Anxiety</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weight loss</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Urinary tract infection</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Anogenital warts</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Genital ulceration</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Overall, common adverse reactions (>2% and more frequently than placebo) were headache, abdominal pain, and weight decreased in the Partners PrEP and iPrEx clinical trials.
Laboratory Abnormalities (Highest Toxicity Grade) Reported for Each Subject in Pivotal Trials

<table>
<thead>
<tr>
<th>Gradea,b</th>
<th>TRUVADA (n=1579), n (%)</th>
<th>Placebo (n=1584), n (%)</th>
<th>TRUVADA (n=1251), n (%)</th>
<th>Placebo (n=1248), n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creatinine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (1.1-1.3 x ULN)</td>
<td>18 (1)</td>
<td>12 (&lt;1)</td>
<td>27 (2)</td>
<td>21 (2)</td>
</tr>
<tr>
<td>2-4 (&gt;1.4 x ULN)</td>
<td>2 (&lt;1)</td>
<td>1 (&lt;1)</td>
<td>5 (&lt;1)</td>
<td>3 (&lt;1)</td>
</tr>
<tr>
<td>Phosphorus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (2.5&lt;&lt;LLN mg/dL)</td>
<td>NRbNRb</td>
<td>81 (7)</td>
<td>110 (9)</td>
<td></td>
</tr>
<tr>
<td>2-4 (&lt;2.0 mg/dL)</td>
<td>140 (9)</td>
<td>136 (9)</td>
<td>123 (10)</td>
<td>101 (8)</td>
</tr>
<tr>
<td>AST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (1.25-2.5 x ULN)</td>
<td>20 (1)</td>
<td>25 (2)</td>
<td>175 (14)</td>
<td>175 (14)</td>
</tr>
<tr>
<td>2-4 (&gt;2.6 x ULN)</td>
<td>10 (&lt;1)</td>
<td>4 (&lt;1)</td>
<td>57 (5)</td>
<td>61 (5)</td>
</tr>
<tr>
<td>ALT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (1.25-2.5 x ULN)</td>
<td>21 (1)</td>
<td>13 (&lt;1)</td>
<td>178 (14)</td>
<td>194 (16)</td>
</tr>
<tr>
<td>2-4 (&gt;2.6 x ULN)</td>
<td>4 (&lt;1)</td>
<td>6 (&lt;1)</td>
<td>84 (7)</td>
<td>82 (7)</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (8.5-10 mg/dL)</td>
<td>56 (4)</td>
<td>39 (2)</td>
<td>49 (4)</td>
<td>62 (5)</td>
</tr>
<tr>
<td>2-4 (&lt;9.4 mg/dL)</td>
<td>28 (2)</td>
<td>39 (2)</td>
<td>13 (1)</td>
<td>19 (2)</td>
</tr>
<tr>
<td>Neutrophils</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (1000-1300/mm³)</td>
<td>208 (13)</td>
<td>163 (10)</td>
<td>23 (2)</td>
<td>25 (2)</td>
</tr>
<tr>
<td>2-4 (&lt;750/mm³)</td>
<td>73 (5)</td>
<td>56 (3)</td>
<td>7 (&lt;1)</td>
<td>7 (&lt;1)</td>
</tr>
</tbody>
</table>

ALT, alanine aminotransferase; AST, aspartate aminotransferase; DAIDS, Division of AIDS; LLN, lower limit of normal; ULN, upper limit of normal.
a. Grading is per DAIDS criteria; b. Grade 1 phosphorus was not reported for the Partners PrEP trial.
Discontinuation Rates Due to Adverse Events With TRUVADA for PrEP Were Comparable to Placebo

<table>
<thead>
<tr>
<th></th>
<th>PLACEBO</th>
<th>TRUVADA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV -</td>
<td>HIV -</td>
<td>HIV -</td>
</tr>
<tr>
<td>HIV +</td>
<td>HIV +</td>
<td>HIV +</td>
</tr>
</tbody>
</table>

## Renal Discontinuations Due to Adverse Events

<table>
<thead>
<tr>
<th>Partners PrEP</th>
<th>TDF-CONTAINING</th>
<th>PLACEBO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discontinuations due to an increase in blood creatinine</td>
<td>0.4% (6/1579)</td>
<td>0% (0/1584)</td>
</tr>
<tr>
<td>iPrEx</td>
<td>TRUVADA</td>
<td>PLACEBO</td>
</tr>
<tr>
<td>Discontinuations due to an increase in blood creatinine</td>
<td>0.1% (1/1251)</td>
<td>0% 0/1248</td>
</tr>
<tr>
<td>Discontinuations due to low phosphorus</td>
<td>0.1% (1/1251)</td>
<td>0% 0/1248</td>
</tr>
</tbody>
</table>

3-Month Follow-Up

What clinical follow-up and monitoring should be performed at Clayton’s 3-month visit?

If symptoms consistent with acute HIV-1 infection develop following a potential exposure event, TRUVADA for PrEP should be discontinued until negative infection status is confirmed using a test approved by the FDA as an aid in the diagnosis of HIV-1, including acute or primary HIV-1 infection.

3-Month Follow-Up

1. Repeat HIV-1 testing and assess for signs and symptoms of acute infection to confirm that the patient is still HIV-1 negative.
2. If appropriate, provide a prescription or refill authorization of TRUVADA for PrEP for no more than 90 days (until the next HIV test).
3. Assess side effects, adherence, and HIV acquisition risk behaviors.
4. Provide support for medication adherence and risk-reduction behaviors.
5. Respond to new questions and provide any new information about PrEP use.
6. Assess whether the individual is considering discontinuing using TRUVADA for PrEP.
Drug Interactions

Hepatitis C Antivirals
- Coadministration with ledipasvir/sofosbuvir or velpatasvir/sofosbuvir increases TDF exposure; monitor for adverse reactions

Drugs Affecting Renal Function
- Coadministration of TRUVADA with drugs that reduce renal function or compete for active tubular secretion may increase concentrations of FTC and/or tenofovir

Consult the full Prescribing Information for TRUVADA for more information on potentially significant drug interactions, including clinical comments.
Use in Specific Populations

Pregnancy

- There are no adequate and well-controlled trials of TRUVADA in pregnant women
- In uninfected women who become pregnant while taking TRUVADA for PrEP, careful consideration about continuing TRUVADA should be given, taking into account the potential increased risk of HIV-1 infection during pregnancy
- An Antiretroviral Pregnancy Registry has been established; healthcare providers are encouraged to register patients by calling 1-800-258-4263

Use in Specific Populations (Cont’d)

**Breastfeeding**
- Emtricitabine and tenofovir have been detected in human milk
- Mothers taking TRUVADA for PrEP should be instructed not to breastfeed because the potential for adverse reactions in nursing infants is not known and to avoid HIV-1 transmission to the infant if HIV-1 infection is acquired

**Pediatrics**
- TRUVADA for PrEP is based on studies in adults

Future Follow-Up Visits

What should Clayton’s provider consider monitoring and assessing at future follow-up visits (6 months and 12 months)?

At every follow-up visit, clinicians should provide the following:
- HIV testing
- Medication adherence counseling
- Behavioral risk-reduction support
- Side effect assessment
- STI symptom assessment
  - For chlamydia and gonorrhea, perform NAAT. Test genital, rectal, and pharyngeal sites of exposure
  - For syphilis, perform a rapid plasma reagin

Follow-Up Visits

1. Monitor renal function (CrCl) as clinically appropriate during therapy with TRUVADA. Discontinue TRUVADA for PrEP in uninfected individuals with CrCl <60 mL/min.
2. At least every 6 months conduct STI testing recommended for sexually active adolescents and adults (ie, syphilis, gonorrhea, chlamydia).
3. At least every 12 months evaluate the need to continue TRUVADA for PrEP as a component of HIV prevention.

NAAT, nucleic acid amplification test.

TRUVADA for PrEP Prescribing Principles: Six Important Factors to Consider When Prescribing to High-Risk Individuals

1. **TRUVADA for PrEP must only be prescribed to individuals confirmed to be HIV-negative immediately prior to initiating and periodically (at least every 3 months) during use.**

2. **Test individuals routinely** for HIV and other STIs. Regularly test individuals for STIs that can facilitate HIV-1 transmission.

3. **TRUVADA for PrEP is a one-tablet, once-daily medication whose efficacy is strongly correlated with adherence.**

4. Counsel on the risks and benefits of TRUVADA for PrEP usage during **pregnancy**, taking into account the increased risk of HIV-1 infection during pregnancy.

5. **Monitor renal function.** Do not use TRUVADA for PrEP in HIV-1-uninfected individuals with estimated CrCl <60 mL/min.

6. **TRUVADA is indicated in combination with safer sex practices for pre-exposure prophylaxis (PrEP)** to reduce the risk of sexually acquired HIV-1 in adults at high risk.

FDA, Food and Drug Administration.
CLINICAL GUIDELINES AND THE NATIONAL HIV/AIDS STRATEGY

Please see full Prescribing Information, including BOXED WARNING, available at this presentation and at start.truvada.com/hcp.
US and Global Health Guidelines Recommend TRUVADA for PrEP

In Combination with Safer-Sex Practices to Help Reduce the Risk of Sexually Acquired HIV-1 in Adults at High Risk

Health guidelines emphasize the importance of counseling on adherence and HIV-1 risk-reduction strategies.

Health Guidelines Recommend TRUVADA for PrEP and Emphasize the Importance of Counseling on Adherence and HIV-1 Risk Reduction Strategies\textsuperscript{1–6}

<table>
<thead>
<tr>
<th>Criteria for determining a person’s risk of HIV infection and for TRUVADA for PrEP use</th>
<th>CDC\textsuperscript{1,2}</th>
<th>WHO\textsuperscript{3}</th>
<th>IAS-USA\textsuperscript{4,5}</th>
<th>ACOG\textsuperscript{6}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes TRUVADA for PrEP as a prevention option for HIV-1-negative adults at high risk for HIV infection</td>
<td>✔</td>
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<tr>
<td>Emphasizes the importance of counseling on adherence and comprehensive HIV risk reduction</td>
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</tr>
<tr>
<td>Recommends confirming HIV-1-negative status prior to starting PrEP</td>
<td>✔</td>
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</tr>
<tr>
<td>Recommends that ongoing use of TRUVADA for PrEP be guided by regular risk assessment</td>
<td>✔</td>
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</tr>
</tbody>
</table>

ACOG, American College of Obstetricians and Gynecologists; CDC, Centers for Disease Control and Prevention; IAS-USA, International AIDS Society-USA; WHO, World Health Organization.

TRUVADA FOR PrEP REMS

Please see full Prescribing Information, including BOXED WARNING, available at this presentation and at start.truvada.com/hcp.
The goals of the REMS for TRUVADA for PrEP are to inform and educate prescribers and uninfected individuals at high risk for acquiring HIV-1 infection about:

- The importance of strict adherence to the recommended dosing regimen
- The importance of regular monitoring of HIV-1 serostatus to avoid continuing to take TRUVADA for PrEP, if seroconversion has occurred, to reduce the risk of development of resistant HIV-1 variants
- The fact that TRUVADA for PrEP must be considered as only a part of a comprehensive prevention strategy in order to reduce the risk of HIV-1 infection and that other preventive measures should also be used
The TRUVADA for PrEP REMS Website provides materials to help healthcare providers manage and counsel individuals on the correct and safe use of TRUVADA for PrEP.

For further information and to download REMS materials, visit www.truvadapreprems.com.

Examples of Important REMS Materials for Healthcare Providers:

- Agreement Form for Initiating TRUVADA for PrEP
- Checklist for Prescriber’s Initiation of TRUVADA for PrEP

REMRS, Risk Evaluation Mitigation Strategy.
Financial and Insurance Support for TRUVADA for PrEP

The Gilead Advancing Access® Co-pay Program
(www.gileadadvancingaccess.com/copay-coupon-card; 1-877-505-6986)

The Advancing Access® Patient Support Program
(Phone: 1-800-226-2056; Fax: 1-800-216-6857)
Summary

• HIV is preventable. New HIV infections can be reduced by:\(^1\):
  – Expanding efforts to prevent HIV infection using a combination of effective, evidence-based approaches
  – Educating communities about HIV risk, prevention, and transmission

• TRUVADA for PrEP is the one-tablet, once-daily medication used in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 in adults at high risk:\(^2\)
  – Confirm HIV-1 negative status both before and at least every 3 months after initiation of TRUVADA for PrEP
  – Counsel patients that the effectiveness of TRUVADA in reducing the risk of acquiring HIV-1 is strongly correlated with adherence

• Identify appropriate candidates for TRUVADA for PrEP by taking a sexual history to assess risk for HIV acquisition:\(^3\)

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Thank You

Please see full Prescribing Information, including BOXED WARNING on risk of drug resistance with use of TRUVADA for PrEP in undiagnosed early HIV-1 infection and post-treatment acute exacerbation of hepatitis B, available at this presentation and at start.truvada.com/hcp.