
DESCOVY in a blister pack is the same medication as DESCOVY in a bottle, and has:

- Same dosage
- Same storage
- Different NDC

Supplied and marketed by:
Gilead Sciences, Inc.
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Foster City, CA 94404
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DESCOVY is available through Authorized Distributors of Record (ADRs) for Gilead. For a list of ADRs, please visit www.gilead.com/purpose/medication-access/authorized-distributors.

For more information on DESCOVY FOR PrEP, please visit descovyhcp.com.

INDICATION
DESCOVY for HIV-1 pre-exposure prophylaxis (PrEP) is indicated in at-risk adults and adolescents (≥35 kg) to reduce the risk of sexually acquired HIV-1 infection, excluding individuals at risk from receptive vaginal sex. HIV-1-negative status must be confirmed immediately prior to initiation.

Limitation of Use: DESCOVY FOR PrEP is not indicated in individuals at risk of HIV-1 from receptive vaginal sex because effectiveness in this population has not been evaluated.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: RISK OF DRUG RESISTANCE WITH USE OF DESCOVY FOR PrEP IN UNDIAGNOSED EARLY HIV-1 INFECTION and POST TREATMENT ACUTE EXACERBATION OF HEPATITIS B

- DESCOVY FOR PrEP must be prescribed only to patients confirmed to be HIV negative immediately prior to initiation and at least every 3 months during use. Drug-resistant HIV-1 variants have been identified with use of emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) for HIV-1 PrEP following undetected acute HIV-1 infection. Do not initiate if signs or symptoms of acute HIV-1 infection are present unless HIV-negative status is confirmed.

- Severe acute exacerbations of hepatitis B have been reported in patients infected with hepatitis B virus (HBV) who discontinued products containing FTC and/or TDF and may occur with discontinuation of DESCOVY. Closely monitor hepatic function with both clinical and laboratory follow-up for at least several months in patients with HBV who discontinue DESCOVY. If appropriate, anti-hepatitis B therapy may be warranted.

Please click to see full Prescribing Information for DESCOVY FOR PrEP, including BOXED WARNING.
WARNINGS AND PRECAUTIONS

• Comprehensive management to reduce risks:
  - Use DESCovy FOR PrEP to reduce the risk of HIV-1 infection as part of a comprehensive strategy that includes adherence to daily dosing and safer sex practices, including condoms, to reduce the risk of sexually transmitted infections (STIs)
  - HIV-1 risk factors: Behavioral, biological, or epidemiologic HIV-1 risk factors may include, but are not limited to: condomless sex, past or current STIs, self-identified HIV risk, having sexual partners of unknown HIV-1 viremic status, or sexual activity in a high-prevalence area or network
  - Reduce STI risk: Counsel on the use of STI prevention measures (e.g., consistent and correct condom use, knowledge of partner’s HIV-1 viremic status, regular testing for STIs)
  - Reduce potential for drug resistance: Only prescribe DESCovy FOR PrEP to patients confirmed to be HIV negative immediately prior to initiation, at least every 3 months while taking DESCovy®, and upon an STI diagnosis. HIV-1 resistance substitutions may emerge in patients with undetected HIV-1 infection who are taking only DESCovy because DESCovy alone is not a complete regimen for treating HIV-1
  - Some HIV tests may not detect acute HIV infection. Prior to initiating DESCovy FOR PrEP, ask patients about potential recent exposure events. If recent (<1 month) exposures are reported or suspected, or symptoms of acute HIV infection (e.g., fever, fatigue, myalgia, skin rash) are present, confirm HIV-negative status with a test approved by the FDA for use in the diagnosis of acute HIV infection
  - If HIV-1 infection is suspected or if symptoms of acute infection are present while taking DESCovy FOR PrEP, convert the DESCovy FOR PrEP regimen to a complete HIV treatment regimen until HIV-negative status is confirmed by a test approved by the FDA for use in the diagnosis of acute HIV infection
  - Counsel on adherence: Counsel patients to strictly adhere to daily dosing, as efficacy is strongly correlated with adherence. Some patients, such as adolescents, may benefit from more frequent visits and counseling

• New onset or worsening renal impairment: Cases of acute renal failure and Fanconi syndrome have been reported with the use of tenofovir prodrugs. Do not initiate DESCovy in patients with estimated creatinine clearance (CrCl) <30 mL/min. Patients with impaired renal function and/or taking nephrotoxic agents (including NSAIDs) are at increased risk of renal-related adverse reactions. Discontinue DESCovy in patients who develop clinically significant decreases in renal function or evidence of Fanconi syndrome. Monitor renal function in all patients (see Dosage and Administration section)

ADVERSE REACTIONS

• Most common adverse reactions (≥2%) in the DESCovy FOR PrEP clinical trial were diarrhea, nausea, headache, fatigue, and abdominal pain

DRUG INTERACTIONS

• Prescribing information: Consult the full Prescribing Information for DESCovy FOR PrEP for more information, warnings, and potentially significant drug interactions, including clinical comments
  - Metabolism: Drugs that inhibit P-gp can increase the concentrations of tenofovir alafenamide (TAF), a component of DESCovy. Drugs that induce P-gp can decrease the concentrations of TAF, which may lead to loss of efficacy
  - Drugs affecting renal function: Coadministration of DESCovy with drugs that reduce renal function or compete for active tubular secretion may increase concentrations of FTC and tenofovir and the risk of adverse reactions

DOSEAGE AND ADMINISTRATION

• Dosage: One tablet taken once daily with or without food
• HIV screening: Test for HIV-1 infection immediately prior to initiating, at least every 3 months during use, and upon diagnosis of an STI (see Warnings and Precautions section)
• HBV screening: Test for HBV infection prior to or when initiating DESCovy
• Renal impairment and monitoring: Not recommended in patients with creatinine clearance (CrCl) <30 mL/min. Prior to or when initiating DESCovy, and during use on a clinically appropriate schedule, assess serum creatinine, CrCl, urine glucose, and urine protein in all patients. In patients with chronic kidney disease, assess serum phosphorus

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