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Direct Healthcare Professional Communication

29 April 2019

Genvoya® (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)
Stribild® (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil)

Increased risk of treatment failure and increased risk of mother-to-child transmission of HIV infection due to lower exposure of elvitegravir and cobicistat during the second and third trimesters of pregnancy

Dear Healthcare professional

Gilead Sciences, in agreement with the Saudi Food and Drug Authority - National Pharmacovigilance and Drug Safety Center, would like to inform you of the following:

Summary

- **Therapy with elvitegravir/cobicistat should not be initiated during pregnancy.**
- **Women who become pregnant during therapy with elvitegravir/cobicistat should be switched to an alternative regimen.**
- **This is because pharmacokinetic data showed lower exposures of cobicistat and elvitegravir during the second and third trimesters of pregnancy.**
- **Lower elvitegravir exposure may be associated with an increased risk of treatment failure and an increased risk of mother-to-child transmission of HIV infection.**

Genvoya is registered in Saudi Arabia and indicated for the treatment of human immunodeficiency virus-1 (HIV-1) infection without any known mutations associated with resistance to the integrase inhibitor class, emtricitabine or tenofovir as follows:

- In adults and adolescents aged from 12 years and with body weight at least 35 kg
- In children aged from 6 years and with body weight at least 25 kg for whom alternative regimens are unsuitable due to toxicities.

Stribild is supplied to Saudi Arabia under import permit for tenders.

Background

In June 2018, a Direct Healthcare Professional Communication was distributed in the EU relating to the increased risk of treatment failure and mother-to-child transmission of HIV infection due to lower exposures of darunavir boosted with cobicistat during pregnancy.

The risk of this occurring in treatments containing elvitegravir/cobicistat has also been reviewed. Pharmacokinetic data from the IMPAACT P1026s (International Maternal Pediatric Adolescent AIDS Clinical Trials) study has shown that compared with paired postpartum data, plasma concentration after 24 hours of elvitegravir boosted with cobicistat was 81% lower in the second trimester and 89% lower in the third trimester. Plasma

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concentration after 24 hours of cobicistat was 60% and 76% lower in the second and third trimester, respectively. The proportion of pregnant women who were virologically suppressed was 76.5% in the second trimester, 92.3% in the third trimester, and 76% postpartum. A review of data from this prospective study, pregnancy cases from other clinical trials, the Gilead global safety database, and published literature, has not identified any cases of mother-to-child HIV-1 transmission in women taking regimens containing elvitegravir/cobicistat during the second and third trimesters of pregnancy.

The reduction in elvitegravir exposure may result in virological failure and an increased risk of mother-to-child transmission of HIV infection. Therefore, therapy with elvitegravir/cobicistat should not be initiated during pregnancy, and women who become pregnant during therapy with elvitegravir/cobicistat should be switched to an alternative regimen.

The product information for Genvoya and Stribild will be updated with this recommendation.

Call for reporting

Healthcare professionals are reminded to continue to report suspected adverse reactions associated with Genvoya and Stribild in accordance with the national spontaneous reporting system.

The National Pharmacovigilance and Drug Safety Center (NPC)
Saudi Food and Drug Authority
Saudi Arabia

- Fax: +966-11-205-7662
- Call NPC at +966-11-2038222, Exts: 2317-2356-2340
- Toll free phone: 8002490000
- E-mail: npc.drug@sfda.gov.sa
- Website: www.sfda.gov.sa/npc

Company contact point

Contact Gilead Sciences Medical Information at Medical Information Middle East <askgileadME@gilead.com> if you have additional questions.

Annexes

More information about the IMPAACT P1026s study can be found here:
https://www.ncbi.nlm.nih.gov/pubmed/30134297

Yours faithfully

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Medical Affairs

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