Comments to the FDA's Antiviral Drugs Advisory Committee Meeting
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Thank you for this opportunity to provide information to the Committee and to FDA regarding the efficacy supplement for pre-exposure prophylaxis (PrEP). I am a Nurse Practitioner who has provided clinical care to women with HIV since 1989. I have been a member of the DHHS Perinatal HIV Guidelines Committee since 2006, although this testimony does not represent this committee's opinion. I do represent a network of clinicians offering comprehensive reproductive health care to women in various settings around the United States and believe that the TDF/FTC PrEP indication should be approved for HIV-uninfected women.

Let me give you some examples of women who have recently come to me concerning advise about the use of PrEP:

One woman, who is HIV negative and in a long term relationship with an HIV positive male partner, who is my patient, came to me 2 months after using her partner's Truvada during pregnancy attempts. She took the medication sporadically, without any medical monitoring. Thankfully she had no adverse reactions to the medication, and happily had a positive pregnancy test and a negative HIV test.

This is someone I would like to continue PrEP, with close medical monitoring, during the prenatal period since the couple is not using condoms. The prenatal period is a particularly vulnerable period for HIV acquisition and for perinatal transmission during acute infection. For this reason, I would advocate for the approval of TDF/FTC PrEP during pregnancy.

A woman from West Africa who is HIV negative and has an HIV postive husband who was referred for a fertility workup, however she was unable to scraped together enough money to get artificial insemination ($12,000). She asks me to prescribe her PrEP for conception attempts.

And then there is Al, who I have known since he was an infant. I cared for his mother who died when Al was one year. He brought himself up on the streets of Phila, with poor ART adherence and the accumulation of multiple resistant variants. He is now my patient, and came to see me yesterday with his girlfriend of 2 years. She is a bright and lovely young woman, who asks me if there is anything else besides condoms that she can use, since he has "challenges" using condoms. I would like to prescribe Truvada to her, as this can prevent her from becoming HIV positive.

As always, in the history of HIV care, our patients are leading the way.

The results of the Partners PrEP and TDF2 trials reinforces the importance of identifying appropriate candidates for PrEP and providing on-going counseling and adherence support. Both of these trials demonstrated efficacy of PrEP in reducing the risk of HIV acquisition among at-risk women. Taken together, the results of these two studies are reassuring and should give HIV-discordant couples worldwide new options for safer conception. While efficacy data are conflicting among other PrEP trials that included women – notably that the FEM-PrEP trial failed to demonstrate efficacy among women at risk of HIV acquisition – these differences appear due to differential adherence to PrEP.

PrEP use in stable serodiscordant couples may result in high adherence due to the motivation to reduce risk while preserving a partnered relationship. Additionally, the use of PrEP during conception attempts is promising in that the motivation for adherence is high. There are an estimated 140,000 heterosexual serodiscordant couples in the US.; approximately half of these couples desire conception. For most of these couples, logistical and financial barriers preclude the use of sperm washing with artificial insemination in order to reduce the risk of HIV transmission to an HIV-uninfected female partner during conception attempts. There are few fertility centers in the US willing to offer artificial insemination to serodiscordant couples in which the man is HIV-infected. The use of periconceptional PrEP, as an adjunct to suppressive antiretroviral therapy for the HIV-infected male partner, may prove to be an ideal intervention for some couples unable to access state of the art fertility services.

Overall, safety data on the use of TDF/FTC during pregnancy are reassuring. The International Antiretroviral Pregnancy Registry has found no association between the use of first-trimester TDF/FTC and congenital anomalies.[1] Addtionally, there is an elevated risk of HIV acquisition and transmission during pregnancy and there is also an elevated risk of perinatal infection if acutely infected druing pregnancy. Thus, the indication for the use of PrEP during the prenatal period for the uninfected female partner is imperative.

Due to ability to use TDF/FTC in an off label use, I, and others whom I represent in this testimony, have successfully monitored women who have opted for this method of prevention in the following situations:

1) HIV-negative women, including pregnant women, in serodiscordant sexual relationships with HIV-infected men not engaged in HIV care or viremic despite prescription of antiretroviral therapy and

[1] Antiretroviral Pregnancy Registry Steering Committee. Antiretroviral Pregnancy Registry International Interim Report for 1 January 1989 through 31 July 2011. Wilmington, NC: Registry Coordinating Center; 2011. Available from URL: www.APRegistry.com.

2) HIV-negative women seeking conception with their HIV-infected male sexual partners.

Among our female patients who have chosen to take PrEP, we have found excellent self-reported adherence.

Safe conception is the desire and dream of many women in communities affected by HIV including those in known discordant partnerships. FDA approval of TDF/FTC PrEP will absolutely prevent HIV acquisition among some women. Not approving TDF/FTC for this indication would be a tremendous missed opportunity and, moreover, would likely significantly impair future research and development into female-controlled biomedical prevention interventions. As clinicians, the approval by the FDA will allow us to responsibly prescribe this preventive method. Although off-label prescribing of PrEP is permissible in the situations we describe, our practice and the health and well-being of our patients would be significantly improved with a formal FDA indication for PrEP in adult women.

Women need choices to keep themselves and/or their partners free from HIV. Female controlled methods of HIV prevention are needed. We have entered a new era in which antiretroviral agents have been demonstrated to be highly effective in preventing HIV-1 infection, especially in serodiscordant couples. For the reasons described in these comments, I/we strongly support the approval of the new PrEP indication for women.

For more information, please contact

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