



EuroPrEP

Belgium
Denmark
France
Germany
Greece
Ireland
Italy

Netherlands
Norway
Portugal
Russia
Spain
UK Nations

01 December 2015

Dr John Martin PhD
Chief Executive Officer
Gilead Sciences Inc
333 Lakeside Drive
Foster City
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USA

Dear Dr Martin,

Re: Facilitating access to PrEP in Europe through reduced pricing

We are writing to you as a group of European clinicians and HIV prevention advocates who have been communicating since 2012 when the first PrEP trials were launched in Europe.

Firstly, we would like to acknowledge and thank Gilead for supporting the portfolio of PrEP trials and Demonstration Projects to date. This has been key to scientific progress in HIV prevention.

PROUD and IPERGAY started 3 years ago in the year that the FDA approved Truvada for PrEP. Both were interrupted prematurely because of the high HIV incidence in the control arm and the highly significant effect of Truvada. As a result post-trial access to PrEP is now considered a public health imperative in France and UK where the studies took place, and in other countries (Belgium, the Netherlands) where Demonstration Projects are ongoing. There is a high demand for PrEP from the gay men and transgender people attending our centres who are at similar risk to the PROUD and IPERGAY populations.

The European results released this year have generated the data and momentum required to move PrEP into policy, but the current list price for Truvada means that those who oversee commissioning policies cannot be confident about the cost-effectiveness. We need programmes that are large enough to make an impact on the epidemic, but the size required makes them unaffordable at current prices. The models do demonstrate with confidence that PrEP is cost-effective when the price of drug for prevention is substantially reduced relative to the price paid for the drug when used as treatment. At generic prices, the large programmes become affordable.

The size of the population that needs PrEP will ultimately be far larger than the population with HIV, as there are many more individuals at risk of catching HIV than actually do. Although PrEP is not for life, neither is Truvada for treatment, as it is increasingly replaced in preference for single combination pills. Consequently, there will be far more Truvada purchased for prevention than for treatment in future.

Truvada will come off patent within the next few years. When this happens, there may be competition from generic manufacturers in Europe, but there is already competition from generic manufacturers in Asia as it is legal in most Member States to purchase drug abroad for personal use, provided it is not for onward sale.

Bearing in mind that there are 373 people a day diagnosed with HIV in the EU (373 in Europe), those of us in countries where it is legal to purchase drug online for personal use are supporting individuals at imminent risk of catching HIV to do so. However, there are many more at risk who do not have access to online drug, or cannot afford it, and a far preferable solution would be that the structures responsible for central health policy agree to fund national programmes of PrEP using European quality assured Truvada from Gilead.

We understand that Gilead has plans to submit an application to the European Medicines Agency in the next few months. This is important as approval will enable larger programmes of PrEP in more of the Member States, and we plan to advocate for accelerated review. We are also actively pressurising our governments and policy makers to provide the necessary support for the regular HIV and STI screening that is a fundamental component of a comprehensive prevention programme.

We can only see gains for Gilead in reducing the price of drug for PrEP so that suitably large national programmes - which would cost millions - can be implemented throughout Europe. The benefit will be financial, but importantly it will also be good for Gilead's reputation as a major partner in reversing the HIV epidemic – a goal that we all share.

Yours sincerely,

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