

# **PrEP Now**

## The latest on PrEP, in all its forms

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PrEPARING ASIA 2025: Making PrEP choice a reality



# **Prevention Paradigm circa 2006**

Different Strokes for Different Folks			
Method	Contraception	HIV Prevention	
Behavior	✓	✓	
Barrier Methods	✓	✓	
Gels	✓		
Rings	✓		
Oral pill			
Injectables			
Implants	✓		
Surgical procedures			
Treatment			



# Prevention Paradigm 2025 and beyond

Different Strokes for Different Folks			
Method	Contraception	HIV Prevention	
Behavior	✓	✓	
Barrier Methods	✓		
Gels	$\checkmark$	✓ – not registered	
Rings	✓	√ (monthly)  ? – 3-month & dual px in development	
Oral pill	✓	<ul><li>✓ (daily) ✓ (event-driven for some)</li><li>? – monthly, dual px in development</li></ul>	
Injectables		<ul> <li>✓ – ARV (every 2 and 6 months)</li> <li>? – every 4 and 12 month formulations;</li> <li>other ARVs, bNAb, vax in development</li> </ul>	
Implants	$\checkmark$	? - multiple in preclinical	
Surgical procedures	✓	✓	
Treatment		✓	



## Overview of Biomedical Px Pipeline (circa 2025)

#### In development: Preclinical and clinical



Long-acting implants



Preventive vaccines



Multipurpose vaginal ring



Long-acting vaginal ring



**Patches** 



Douche



Vaginal Film



Vaginal Gel



Injectable



Inserts

Broadly neutralizing antibodies

### In development: Efficacy trials under way



Monthly oral PrEP MK-8527



Daily oral PrEP



Combo oral PrEP/OC

Possible dual pill to market by 2026

### **Newly Approved and** Recommended



Dapivirine vaginal ring



Iniectable cabotegravir



Injectable lenacapavir

And in implementation science projects:

www.prepwatch.org/resources/ implementation-study-tracker/

### Currently available



**HIV** treatment for people living with HIV/U=U



Male & female condoms

Syringe exchange

programs



Voluntary medical mále circumcision



Daily oral PrEP



Event-driven for

some populations



<sup>&</sup>lt;sup>1</sup> In Oct 2019, US FDA approved F/TAF for adults and adolescents who have no HIV risk from receptive vaginal sex; still in development for cisgender women.

<sup>&</sup>lt;sup>2</sup> Efficacy trials not required: bioequivalency of the two approved products when dosed together may be all that is required.

# **Px Options**

	Tenofovir-based (FTC + TDF or TAF)	Dapivirine (DVR)	Cabotegravir (CAB)	Lenacapavir (LEN)
ARV Drug Class	Nucleoside reverse transcriptase inhibitor (NRTI)	Non-nucleoside reverse transcriptase inhibitor (NNRTI)	Integrase strand transfer inhibitor (ISTI)	Capsid inhibitor
Efficacy Established	2010, 2011	2016	2020	2024
Delivery site	Oral	Vaginal ring	Intramuscular injection in gluteal muscle (buttocks)	Subcutaneous injection in abdomen
Volume	Tablet with 300mg (TDF) or 25mg (TAF) with 200mg emtricitabine (FTC)	25 mg ring	One 3 ml injection	Two 1.5 ml injections
Frequency	<b>Daily</b> ; on-demand dosing for people assigned male at birth also recommended	Monthly (3-monthly ring in development)	First injection followed by a second one month later, then every 2 months (every 4 month dose in development)	First injection along with two oral tablets, followed by two more tablets on day 2 and then injections <b>every 6 months</b>
Efficacy	High efficacy among all populations; highly adherent-dependent	Moderate efficacy among cisgender women; highly adherent-dependent	Very high efficacy in all populations	Very high efficacy in all populations
Regulatory	±100 approvals since 2012; recommended by WHO in 2015	11 approvals as of Nov 2024; recommended by WHO in 2021	27 approvals as of Oct 2024; recommended by WHO in 2022	US FDA approved June 2024; additional submissions ongoing; guidance anticipated in 2025
Commodity Cost in LMICs, per person per yr	±\$40	\$156	≅\$160 (actual cost in UK Pounds)	≅\$100 at launch, with generics to \$55 beginning in 2027
Developer	Gilead Sciences	IPM/PopCouncil	ViiV Healthcare	Gilead Sciences
Generic	15+ suppliers all over the world	MOU with Kiara in SA; details to come on license and timelines	3 licenses via MPP, expected earliest market access in 2027	6 direct licenses, expected earliest market access in 2027

# Px Options – Comparative Efficacy

		Tenofovir-based (FTC + TDF or TAF)	Dapivirine (DVR)	Cabotegravir (CAB)	Lenacapavir (LEN)
re		High efficacy among all populations; highly adherent-dependent	Moderate efficacy among cisgender women; highly adherent-dependent	Very high efficacy in all populations  89% higher	Very high efficacy in all populations  100% efficacy among
	Efficacy	±90% with 7 doses per week	35% risk reduction in primary efficacy trials; recent OLEs show 50%+ reduction with consistent use	effectiveness in cisgender women and 66% in MSM, TGW compared to oral PrEP	cisgender women and 96% reduction compared to a background incidence of HIV among cisgender men and trans and non-binary people
	WHO recommendation	2015: "offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches" (strong recommendation, high-quality evidence)	2021: "recommended as an additional choice for cisgender women who are at substantial risk for HIV acquisition and cannot or choose not to use oral PrEP" (conditional recommendation)	2022: "offered as an additional prevention choice for people at substantial risk of HIV infection (conditional recommendation; moderate certainty of evidence)	2025: "offered as an additional prevention choice for people at risk of HIV (strong recommendation, moderate to high certainty of evidence)

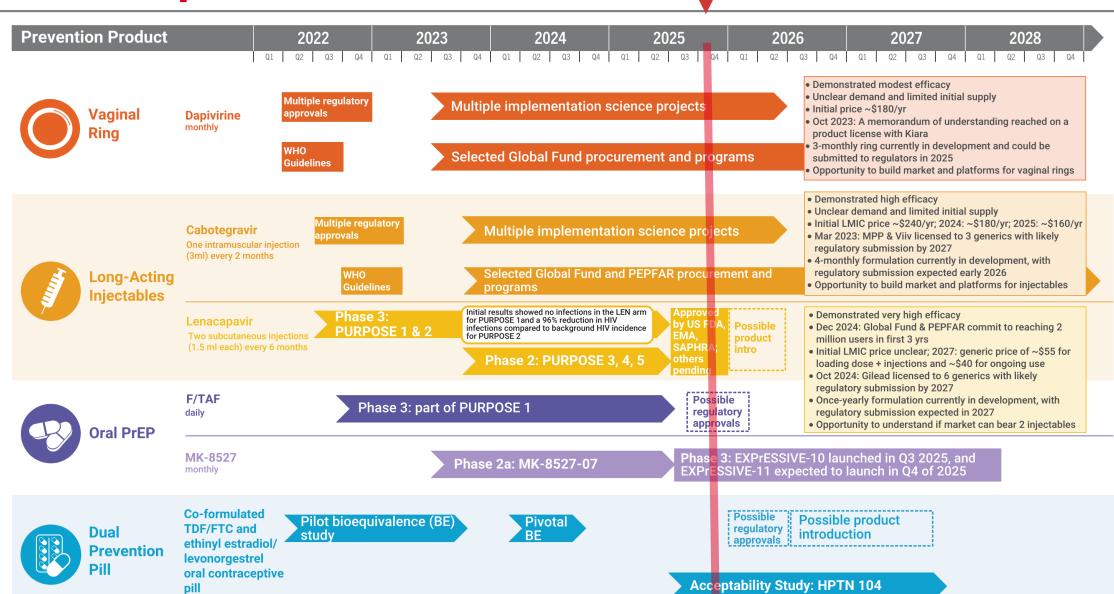
## What Is a "Person Year of Protection"?

	Tenofovir-based (FTC + TDF or TAF)	Dapivirine (DVR)	Cabotegravir (CAB)	Lenacapavir (LEN)
	One pill every day for all populations (with possibility of event-driven dosing of 2-1-1 for some)	One ring every month	First injection followed by a second one month later, then every 2 months	First injection along with two oral tablets, followed by two more tablets on day 2 and then injections every 6 months
PrEP Dosing for One Year of Protection			Day 1:  1 month:  3 month:  5 month:  7 month:  9 month:  11 month:	Day 1:  Day 2:  6 month:

Advocacy. Access. Equity

## **PrEP Pipeline**

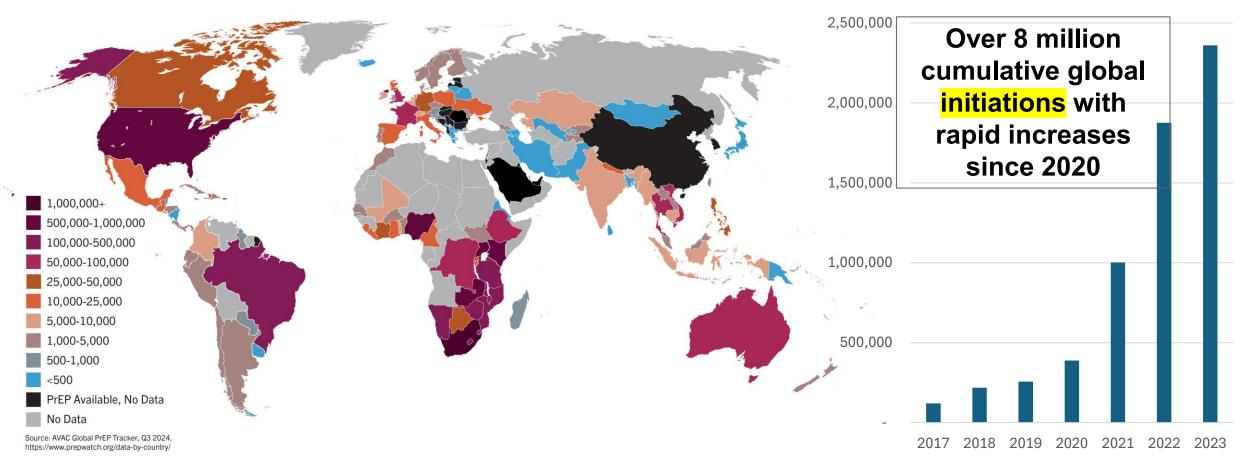
daily



## Global PrEP Uptake – 12+ years in

### PrEP Initiations by Country, November 2024

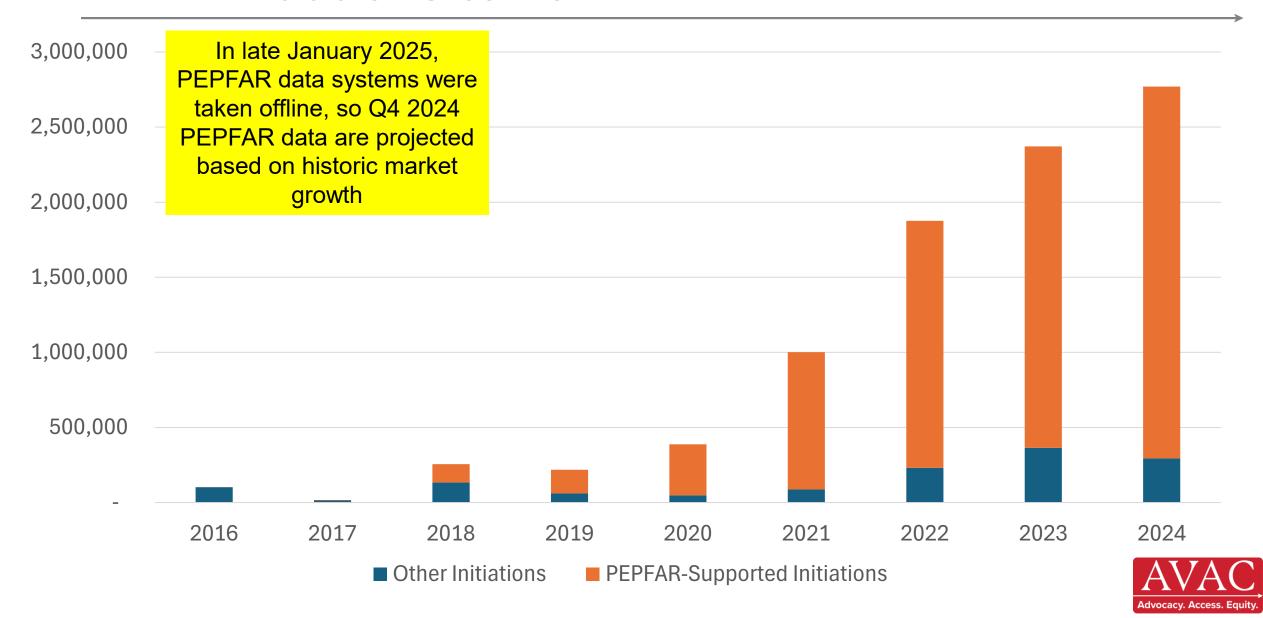
### **PrEP Initiations Over Time**







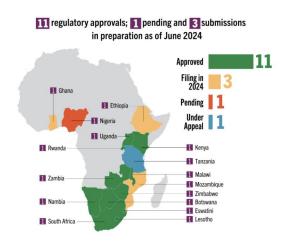
## **PrEP Initiations to 2024**



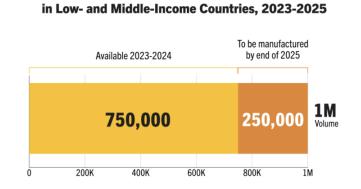
## **Long-Acting PrEP Quarterly Dashboard**

### Posted in Support of the Coalition to Accelerate Access to Long-Acting PrEP

#### **DVR REGULATORY APPROVAL >**



#### **DVR VOLUME >**



Allocation of Non-Commercial DVR for PrEP Supply

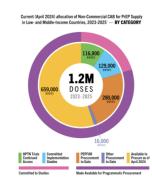
#### **DVR IMPLEMENTATION >**

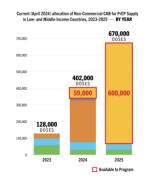


#### CAB REGULATORY APPROVAL >



#### CAB VOLUME >





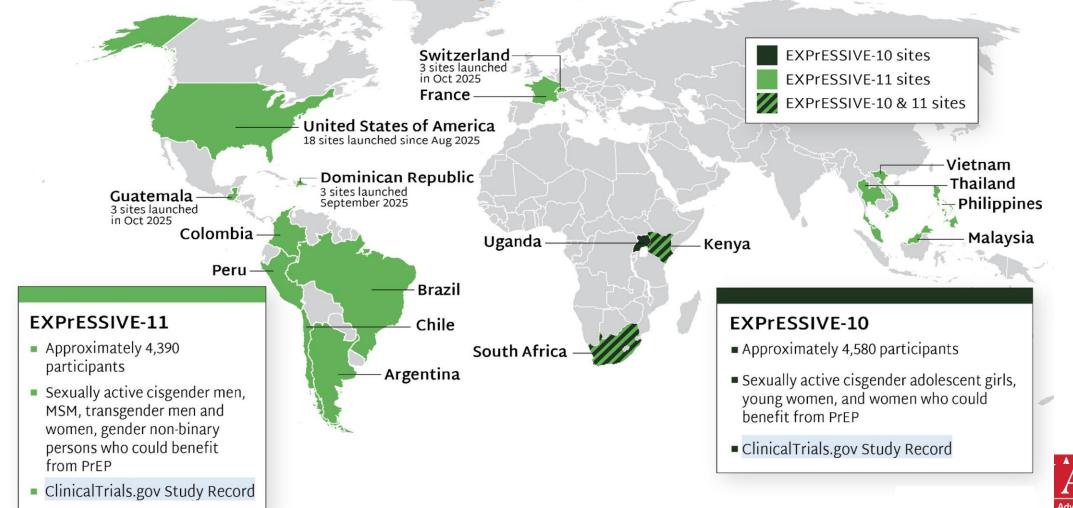
#### **CAB IMPLEMENTATION >**



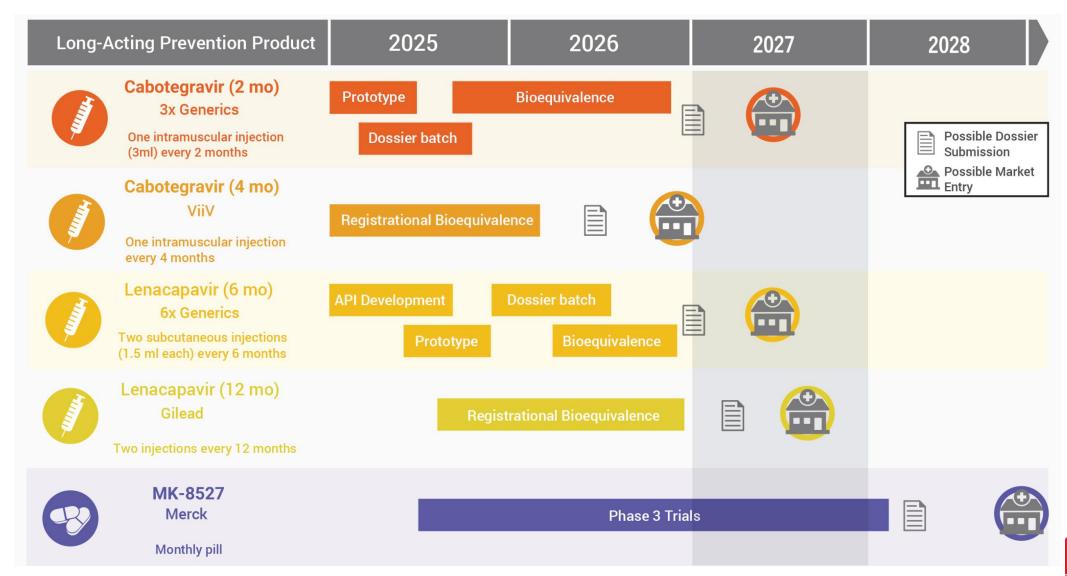


### **EXPrESSIVE Phase 3 Trial Countries of MK-8527**

17 countries hosting sites for Phase 3 trials of monthly PrEP pill, MK-8527; EXPrESSIVE-11 launched in August 2025; EXPrESSIVE 10 to launch in Q4



## **Long-Acting PrEP of the Future**





### Conclusion

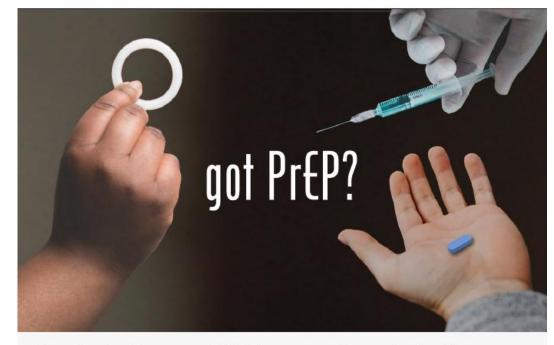
### Much accomplished; much to do

- Fill the product introduction gaps
  - Accelerate time from regulatory approval to intro to impact
  - Demand-creation and program platforms for prevention generally
  - Differentiated (and integrated) service delivery for px
- Fill the product development gaps
  - Longer-acting & event-driven
  - User-friendly & developed WITH users
  - Dual-purpose & multi-purpose methods



### **Further Resources**

- PEPFAR Stop Work Order Tracker a
   live version of this slide deck
- HIV Prevention R&D at Risk –
  highlighting the impact of US cuts on the
  pipeline of HIV prevention R&D
- PrEPWatch.org data, information, and PrEP resources
- Global PrEP Tracker tracking PrEP initiations by country over time
- Weekly <u>Global Health Watch</u>
- All things LEN



For the last 8 years, AVAC has proudly worked with PEPFAR to document PrEP uptake and its impact around the world. That stopped in January with a stop work order from the US government. But protecting access to PrEP is vital. Are you leading a PrEP program? Whether supported by PEPFAR or not, we invite you to work with us to ensure global data on PrEP is not lost.

