Reviewer No. 1 check list for application for addition:
Emtricitabine (FTC)

(1) Have all important studies that you are aware of been included?

Yes ☑ No ☐

If "No", add missing references with brief summary of key findings.

The available evidence has been reviewed in Drugs, with the following conclusion: "Emtricitabine, in combination with other antiretroviral agents, effectively reduces and/or maintains suppression of viral load in ART-naive adults or ART-experienced adults switching from stable combination regimens, and is generally well tolerated. Emtricitabine is a component of preferred initial HIV combination therapy regimens; it can be used in place of lamivudine as part of the dual NRTI backbone in NNRTI- and PI-based regimens. Moreover, preliminary data from a randomised, open-label study suggest that emtricitabine plus tenofovir DF, a preferred dual-NRTI combination, is better tolerated than co-formulated lamivudine/zidovudine, another preferred dual-NRTI combination, resulting in a higher persistent virological response rate, as analysed using the FDA TLOVR algorithm. With the convenience of once-daily (single pill) administration, no dietary restrictions and a favourable drug interaction and tolerability profile, emtricitabine should facilitate patient adherence to treatment, which, in turn, is central to the success of antiretroviral therapy. Similarly, emtricitabine is attractive as an option for ART-experienced stable adults requiring regimen simplification.”

It must however be noted that 3TC is now often dosed once a day, rather than twice a day.

The same evidence has also been reviewed by Saag.²

(2) Is there adequate evidence of efficacy for the proposed use?

Yes ☑ No ☐

If "No", suggest what is needed.

(3) Is there evidence of efficacy in diverse settings and/or populations?

Yes ☑ No ☐

If "No", suggest what is needed.

The only additional points that need to be made relate to FTC’s efficacy in the treatment of hepatitis B, and hence the need to be aware of the patient’s HBV status if stopping FTC.³,⁴,⁵,⁶

(4) Are there adverse effects of concern?

Yes ☑ No ☐

If "Yes", (list / describe)
The only unique adverse effect noted with FTC use is hyperpigmentation, which has been fully described in the application. Saag has noted that discolouration resolved in some patients while on FTC, while in others it resolved after discontinuation of the drug, but provided no source for this statement.

The issues related to the FTC 302 study conducted in South Africa, which were raised by the 2005 Committee, have also been described, and have been reported in the peer-reviewed literature by Sanne et al.

(5) Are there special requirements or training needed for safe/effective use?
Yes ☑ No ☐
If "Yes", describe.

As with 3TC, dose adjustment based on creatinine clearance estimation is required (see TDF review).

(6) Is this product needed to meet the majority health needs of the population?
Yes ☑ No ☐
If "No", is there a special reason why this should be on the Model List?

(7) Is the proposed dosage form registered by a stringent regulatory authority?
Yes ☑ No ☐
If "No", give details.

The delay in obtaining registration in many developing countries is, nonetheless, a cause for concern. It also remains to be seen whether the Aspen-manufactured version (as a fixed-dose combination with TDF) will be marketed at a price different from that currently charged by the Gilead Access Program.

(8) What action do you propose for the Committee to take?

That emtricitabine (FTC) be added to the core list.

(9) Additional comment, if any.

The clear similarities between FTC and 3TC would suggest that one be regarded as an “example of a class”. In the absence of a well-described classification that allows such groupings, it is suggested that both drugs be listed. ART programmes will be able to choose between them, based on local availability and cost, as well as their own policies towards the use of fixed-dose combinations.
References


