Descovy

United Arab Emirates · access guide

How to access Descovy for HIV-1 treatment and PrEP from the UAE: 2026 pathway via UAE infectious diseases services and the national HIV programme

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

The UAE has a coordinated national HIV care framework, with designated infectious diseases services across Abu Dhabi and Dubai handling the diagnostic workup, treatment initiation, and lifelong follow-up of patients living with HIV. Cleveland Clinic Abu Dhabi infectious diseases, Sheikh Khalifa Medical City and SSMC infectious diseases services in Abu Dhabi, Dubai Health Authority-designated infectious diseases clinics, and the private infectious diseases services at American Hospital Dubai and Mediclinic City Hospital all manage HIV care from initial diagnosis through long-term antiretroviral therapy. The UAE Ministry of Health and Prevention coordinates the national HIV programme. Descovy (emtricitabine 200 mg + tenofovir alafenamide 25 mg; FTC/TAF) is the modern 2-NRTI backbone from Gilead, used in combination with a third antiretroviral agent for HIV-1 treatment, and approved for HIV pre-exposure prophylaxis (PrEP) in selected adult populations. For a UAE-resident adult living with HIV or for an adult at substantial ongoing risk of HIV acquisition where PrEP is clinically indicated, the operational question is where the prescribing conversation happens, how confidentiality is structured, what insurance and national programme funding pathways apply, and how the monthly refill and quarterly monitoring cycle settles into life.

This page explains how the pathway works in 2026 for a UAE-resident patient on either indication. It is concierge documentation written for patients who are already in conversation with an infectious diseases specialist and want the operational reality laid out plainly, with the confidentiality and dignity discipline that HIV care requires.

Why Descovy, and why now

Descovy is the fixed-dose combination of emtricitabine (FTC) and tenofovir alafenamide (TAF) in a single once-daily oral tablet from Gilead. The molecule pair is a 2-NRTI backbone for HIV-1 treatment, used in combination with an integrase strand transfer inhibitor (INSTI), a non-nucleoside reverse transcriptase inhibitor (NNRTI), or a boosted protease inhibitor (PI). Descovy is also FDA-approved (October 2019) for HIV PrEP in adults and adolescents weighing at least 35 kg at risk of sexually acquired HIV, excluding individuals at risk from receptive vaginal sex. For PrEP in cisgender women and others with that exposure profile, Truvada (FTC/TDF) is the appropriate option, not Descovy.

Descovy is the successor to Truvada (FTC/TDF). The TAF prodrug delivers the active antiviral tenofovir intracellularly at approximately 90 percent lower plasma concentrations than TDF, producing equivalent antiviral activity with substantially less renal proximal tubular toxicity and less bone mineral density loss. For a UAE patient with reduced eGFR, osteoporosis or osteopenia risk, or other bone or renal concerns, Descovy is the preferred 2-NRTI backbone. For low-risk patients, either Descovy or Truvada is clinically acceptable; cost and formulary availability often drive the choice.

The FDA approved Descovy for HIV-1 treatment in April 2016 and for PrEP in October 2019. The EMA approved Descovy for treatment in April 2016 and for PrEP subsequently with the same population restriction. The pivotal Phase 3 treatment data (GS-US-292-0104 and GS-US-292-0111) demonstrated non-inferiority of FTC/TAF-based regimens versus FTC/TDF-based regimens at week 48 and week 144, with significantly less renal and bone toxicity in the TAF arm. The pivotal PrEP data (DISCOVER trial) demonstrated non-inferiority of Descovy versus Truvada for HIV prevention in cisgender men who have sex with men and transgender women.

What Descovy is, in plain language

Descovy is a single oral tablet taken once daily, with or without food, at approximately the same time each day. Each tablet contains FTC 200 mg and TAF 25 mg. Storage is room temperature; no refrigeration is required. There is no infusion, no inpatient stay, no specialty-centre administration requirement. After the prescribing infectious diseases specialist writes the first prescription and the dispensing pharmacy fills it, the patient takes Descovy at home, returns for the scheduled clinic visits and lab monitoring, and continues indefinitely as long as the treatment indication (or the PrEP indication) remains.

For HIV TREATMENT, Descovy is the 2-NRTI backbone and must be combined with a third agent. The most common modern combinations are Biktarvy (which is bictegravir co-formulated with FTC and TAF in a single tablet, effectively Descovy plus bictegravir in one pill), Descovy plus dolutegravir as separate tablets, or Descovy plus rilpivirine for select patients. The treatment regimen choice is made by the infectious diseases specialist based on resistance genotype, comorbidities, drug interactions, and patient preference.

For PrEP, Descovy is taken on its own as the complete regimen, one tablet daily, indefinite duration as long as ongoing HIV exposure risk continues. Adherence to the daily dose is what produces the protective drug concentration; missed doses reduce protection.

Eligibility at a UAE infectious diseases clinic

For HIV TREATMENT:

1. Confirmed HIV-1 diagnosis by serology and confirmatory testing per national algorithm. Baseline HIV-1 viral load (HIV RNA PCR) and CD4 count. 2. HIV-1 resistance genotype before starting any antiretroviral therapy. 3. Hepatitis B serology (HBsAg, anti-HBs, anti-HBc). HBV-coinfected patients receive effective HBV treatment from the Descovy components; discontinuation in an HBV-coinfected patient carries a boxed warning for severe acute HBV flare and requires hepatology coordination if regimen change is contemplated. 4. Renal function (serum creatinine, eGFR, urinalysis). Descovy is appropriate where eGFR is at or above 30 mL/min; not recommended below 30 or on chronic haemodialysis. 5. Hepatic function; no dose adjustment for mild or moderate hepatic impairment. 6. Pregnancy and lactation screen for women of reproductive potential; tenofovir-containing regimens have favourable pregnancy data. 7. Drug interaction screen, particularly for P-glycoprotein inducers (rifampin, rifabutin, carbamazepine, phenytoin, St John's wort) which substantially reduce TAF exposure and should be avoided. 8. Lipid panel; Descovy is associated with modest LDL and triglyceride increases versus Truvada. 9. Mental health and substance use screen (PHQ-9 plus contextually appropriate substance use questions); depression and anxiety are over-represented in populations living with HIV and influence adherence and outcome. 10. Sexually transmitted infection screen at baseline.

For PrEP (in addition to relevant items above):

1. Confirmed HIV-NEGATIVE status using a fourth-generation Ag/Ab combination assay AND HIV-1 RNA PCR at baseline. This gate is the single most important pre-PrEP step. PrEP must NOT be initiated in undiagnosed HIV; doing so causes M184V resistance and treatment failure. 2. No symptoms suggestive of acute HIV infection in the preceding 28 days; if present, delay initiation and repeat HIV testing. 3. HBV serology; non-immune patients offered HBV vaccination. 4. STI screening at relevant anatomical sites; repeat every 3 months on PrEP. 5. Confirmation that the PrEP-indicated exposure profile applies (per FDA label, Descovy PrEP is not indicated for individuals at risk from receptive vaginal sex; Truvada is the option for those populations). 6. Counselling on daily adherence, residual STI risk, and ongoing risk reassessment.

A UAE patient should arrive at the infectious diseases conversation with the most recent diagnostic workup if known (HIV viral load, CD4, genotype if previously done, HBV/HCV serology, baseline renal and hepatic panels, lipid panel, recent STI screen). Reserve Meds organises this documentation pack with the patient's authorisation, with the confidentiality discipline that HIV care requires.

The UAE prescribing and dispense picture, plainly

Descovy is registered with the Emirates Drug Establishment for HIV-1 treatment. PrEP-indication recognition and prescription patterns vary by emirate and clinician familiarity. The functional supply chain is:

1. **Prescribing infectious diseases specialist**: a UAE-board-certified infectious diseases consultant with HIV clinical experience. Major UAE prescribing centres include Cleveland Clinic Abu Dhabi infectious diseases, Sheikh Khalifa Medical City infectious diseases, SSMC infectious diseases, Mafraq Hospital infectious diseases (now part of the SEHA network), Tawam Hospital infectious diseases in Al Ain, Dubai Health Authority-designated infectious diseases clinics (Rashid Hospital, Latifa Hospital), American Hospital Dubai infectious diseases, Mediclinic City Hospital infectious diseases, and the Dr Sulaiman Al Habib network infectious diseases services. The UAE Ministry of Health and Prevention coordinates the national HIV programme across these centres. 2. **Diagnostic workup**: HIV-1 viral load, CD4, resistance genotype, HBV and HCV serology, baseline renal and hepatic panels, STI screen, lipid panel are performed at the diagnosing centre's laboratory or a partnered reference lab. All testing is confidential and protected by patient confidentiality rules at the centre. 3. **Insurance and funding**: for UAE national citizens, HIV antiretroviral medication is typically funded through the national HIV programme with minimal or zero out-of-pocket cost to the patient for the medication itself. Thiqa coverage in Abu Dhabi and Saada coverage in Dubai provide additional support. For residents (the majority of the UAE population), funding pathways vary by employer health cover, private insurance, and self-pay. Confidentiality of insurance billing is handled by the prescribing centre's case management team; HIV care typically routes through a separate billing pathway from general medical care at the major centres to preserve confidentiality. 4. **Pharmacy dispense**: hospital outpatient pharmacy of the prescribing centre. Community pharmacy dispense for HIV antiretrovirals is uncommon in the UAE because of the centralised programmatic structure and the confidentiality framework. The hospital pharmacy team handles the monthly or 2-monthly dispense alongside the clinical follow-up. 5. **Refill cycle**: typically monthly or every 2 months, coordinated with the quarterly clinical review at the centre. Refills require continued documentation of clinic attendance, viral load suppression (for treatment) or HIV-negative status (for PrEP), and renal function monitoring.

For PrEP specifically, UAE prescribing is concentrated at the major infectious diseases centres listed above with the clinicians who have established familiarity with the PrEP indication. PrEP is not promoted in primary care and is not widely advertised. Patients seeking PrEP should request a referral to one of these specialist services or self-refer through the private channel. Serodifferent-couple PrEP (where one partner is HIV-positive and one is HIV-negative) is the clinical scenario with the clearest GCC pathway and is well-recognised at all major UAE infectious diseases services. Other PrEP indications are recognised by WHO and CDC and may be discussed clinically with the prescribing specialist; the conversation is patient-specific.

The 2026 pathway, step by step

Week 0 to 2: Reserve Meds builds the documentation pack with the patient's authorisation. For TREATMENT patients, this includes any prior HIV-related testing, current viral load and CD4 (if known), genotype if previously done, HBV/HCV serology, recent renal and hepatic panels, current medications list. For PrEP patients, this includes the recent HIV serology with date, HBV serology, recent STI screen, current medications list. All documentation is handled under the same confidentiality discipline as the prescribing centre.

Week 2 to 4: First infectious diseases consultation. For TREATMENT, baseline labs and genotype are confirmed or rerun as needed; regimen choice is finalised. For PrEP, baseline HIV-negative status is confirmed by 4th-generation assay plus HIV RNA PCR, baseline STI screen and HBV serology are reviewed, and counselling on adherence and risk is completed.

Week 4 to 5: First dispense at the hospital pharmacy. For TREATMENT, Descovy plus the chosen third agent (or a single-tablet regimen such as Biktarvy). For PrEP, Descovy alone, once daily.

Week 4 (TREATMENT): early-treatment monitoring visit at week 4; viral load and renal function rechecked.

Month 3: clinical review. TREATMENT: viral load and CD4, renal function, adherence assessment, side-effect review. PrEP: HIV testing (4th-generation assay; PCR if any clinical concern), STI screen, renal function, adherence and risk reassessment.

Month 6: clinical review. TREATMENT: viral load and CD4 (expecting durable suppression), renal function, lipid panel, side-effect review. PrEP: HIV testing, STI screen, renal function, adherence and risk reassessment.

Ongoing: TREATMENT moves to 3-monthly to 6-monthly clinical reviews depending on stability. PrEP continues with 3-monthly visits indefinitely as long as the indication continues.

Cost expectation in AED

US Descovy list price (2026) is approximately USD 2,150 to USD 2,400 per 30-day supply, with annual cost approximately USD 25,800 to USD 28,800 at list price. International Descovy supply through Gilead's UAE distributor channel often lands at a lower price point than US WAC; confirm current local pricing at point of dispense.

At indicative 2026 cross rates, a 30-day Descovy supply at USD 2,200 is approximately AED 8,080, and the annual cost at USD 26,500 is approximately AED 97,300. For UAE patients funded through the national HIV programme, out-of-pocket cost for the medication itself is typically minimal or zero; the annual cash-pay band above applies only where the patient is self-paying through the private channel without national programme support, which is uncommon for residents and very uncommon for nationals.

For PrEP, where the indication is currently not always covered under national HIV programme funding in the UAE (depending on the specific scheme and the patient's status), private-channel cost may apply. The prescribing infectious diseases specialist's case-management team coordinates the funding conversation.

Monitoring on therapy

For HIV TREATMENT on Descovy-containing regimens:

- **HIV-1 viral load**: at 4 weeks, then 3-monthly until durably suppressed, then 6-monthly. - **CD4 count**: at baseline and 6-monthly until durably suppressed, then annually. - **Renal function** (serum creatinine, eGFR, urinalysis): at baseline, 3 months, 6 months, then 6 to 12 monthly. Regimen change if eGFR drops below 30 or if clinically significant proximal tubulopathy develops. - **Hepatitis B**: HBsAg confirmed at baseline; in HBV-coinfected patients, HBV DNA monitoring per hepatology coordination. - **Lipid panel**: at baseline, 6 months, then annually. - **Drug interaction review** at each visit and with any new medication. - **Mental health follow-up**: PHQ-9 or equivalent at clinically appropriate intervals.

For PrEP:

- **HIV testing**: every 3 months (4th-generation Ag/Ab assay; HIV RNA PCR added if any clinical concern for acute infection). - **STI screening**: every 3 months at relevant anatomical sites. - **Renal function**: at baseline, 3 months, then 6-monthly. - **HBV status**: confirmed at baseline; vaccination if non-immune. - **Adherence and risk reassessment** at each 3-monthly visit.

Religious, ethical, and family-logistics framing

Descovy is an oral small molecule with no animal-source material in standard manufacturing. Halal and kosher acceptability are not in question. The classical Islamic jurisprudential framework for treatment of serious illness endorses antiretroviral therapy for HIV. PrEP framing in Islamic ethical traditions is more nuanced and is a patient-specific clinical conversation with the prescribing specialist.

HIV care across GCC countries operates under a strict confidentiality framework because of the social and legal sensitivity around HIV diagnosis. UAE infectious diseases services handle this with discretion as standard practice; the medical record and the prescription billing are handled to preserve patient confidentiality. Reserve Meds operates with the same confidentiality discipline; we do not disclose HIV-related case context to family members, employers, insurers, or any party other than the patient and the patient's named treating clinicians, except where the patient has explicitly authorised that disclosure.

Modern HIV treatment in 2026 renders HIV a chronic, manageable condition with normal life expectancy when antiretroviral therapy is taken consistently. People living with HIV on suppressive treatment with an undetectable viral load do not sexually transmit HIV to partners (the U=U framework, well established in clinical literature). The clinical conversation is centred on starting effective treatment, achieving and maintaining viral suppression, and supporting the patient's quality of life.

For PrEP, the clinical conversation centres on HIV prevention as a public-health intervention. Serodifferent partnerships (where one partner is HIV-positive and one is HIV-negative) are a clinically standard and dignified PrEP indication that maps cleanly onto common GCC patient situations and is the clearest pathway for PrEP access in the UAE. Other PrEP indications are recognised by WHO and CDC and are discussed with the prescribing specialist on a patient-specific basis.

Mental health support is part of comprehensive HIV care. Depression, anxiety, and substance use disorders are over-represented in populations living with HIV and in some PrEP populations. Several UAE infectious diseases services have integrated or partnered mental health pathways for HIV patients. The PHQ-9 or equivalent baseline screen and the follow-up support are standard.

When Descovy is not the right call

For HIV TREATMENT, Descovy is the right answer as the 2-NRTI backbone for most adult patients with HIV-1 who do not have major NRTI resistance and who do not have severe renal impairment. It is not the right answer for:

- eGFR below 30 mL/min or chronic haemodialysis (use an alternative regimen). - Documented M184V/I resistance (FTC inactive; alternative NRTI backbone needed) or K65R resistance (reduced tenofovir susceptibility). - Pregnancy where a different regimen is preferred per the treating clinician (although tenofovir-containing regimens are widely used and well-tolerated in pregnancy). - Patients with significant dyslipidaemia where the modest Descovy lipid signal is a concern; Truvada-based or non-tenofovir-based regimens may be preferred. - Patients on strong P-glycoprotein inducers (rifampin for tuberculosis treatment, rifabutin, carbamazepine, phenytoin) where TAF exposure is reduced; an alternative regimen with TDF or with a different drug class is preferred during co-treatment.

For PrEP, Descovy is the right answer for cisgender men who have sex with men and for transgender women at substantial risk of HIV acquisition. It is not the right answer for:

- Cisgender women and others at risk from receptive vaginal sex (use Truvada). - Anyone with undiagnosed HIV (PrEP must NEVER be initiated in undiagnosed HIV; do the baseline HIV testing first). - Anyone with eGFR below 30. - Anyone unable to commit to daily dosing and quarterly monitoring.

For HIV treatment where Descovy is not the chosen agent, the alternatives in 2026 include Biktarvy (single-tablet, INSTI-based, the most commonly chosen first-line regimen), Truvada-based regimens with dolutegravir, Dovato (dolutegravir/lamivudine 2-drug regimen), and long-acting injectable cabotegravir/rilpivirine (Cabenuva) for stable suppressed patients switching from oral therapy. For PrEP where Descovy is not the right option, Truvada is the broader-label first-line, and long-acting injectable cabotegravir (Apretude) is available in some centres for selected patients.

Reserve Meds does not push a default. The page above describes the Descovy pathway because Descovy is the antiretroviral the patient has asked about. If the conversation with the treating infectious diseases specialist points toward Biktarvy, Truvada, Dovato, Cabenuva, or another agent, the operational pathway shifts accordingly.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On a UAE Descovy case we build the documentation pack with the patient's explicit authorisation, with the confidentiality discipline that HIV care requires, submit first-review requests to the chosen prescribing centre, coordinate the national programme or commercial funding conversation alongside the clinical workup, set up the first dispense at the prescribing centre's outpatient pharmacy, organise the early-treatment or early-PrEP monitoring schedule, and stay with the case through the first year with handoff to the local infectious diseases specialist for ongoing care. Clinical decisions remain with your treating infectious diseases specialist.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.
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