WHAT IS DESCOVY?  
Descovy is a pill that contains two drugs used to fight HIV: tenofovir alafenamide (TAF) and emtricitabine (Emtriva). Descovy is manufactured by Gilead Sciences. TAF has less risk of kidney or bone side effects than older versions of tenofovir (Viread, see fact sheet 419).

The drugs in Descovy are called nucleoside analog reverse transcriptase inhibitors, or nukes. These drugs block the reverse transcriptase enzyme. This enzyme changes HIV’s genetic material (RNA) into the DNA. This occurs before HIV’s genetic code gets inserted into an infected cell’s chromosome.

WHO SHOULD TAKE DESCOVY?  
Descovy was approved in 2016 for treatment of people with HIV infection.

Descovy is not approved for use in people with severe kidney disease or for HIV pre-exposure prophylaxis (PrEP, see fact sheet 160).

While antiretroviral therapy is recommended for all persons living all people living with HIV, there are no absolute rules about when to start antiretroviral therapy (ART). You and your health care provider should consider your CD4 cell count, your viral load, any symptoms you are having, and your attitude about taking ART. Fact sheet 404 has more information about guidelines for the use of ART.

If you take Descovy with other antiretroviral drugs (ARVs), you can reduce your viral load to undetectable levels, and increase your CD4 cell counts. This should mean staying healthier longer.

Descovy is not approved for treating people who have hepatitis B infection (HBV). Some people with HBV get worse after they stopped taking medications related to Descovy. Get tested for hepatitis B before you start taking Descovy to treat HIV.

Descovy provides two drugs in one pill. It can be more convenient to use Descovy than some other combinations of drugs. This could mean fewer missed doses and better control of HIV.

HOW IS DESCOVY TAKEN?  
Descovy is taken by mouth as a tablet. The normal adult dose is one tablet, once a day. Each tablet includes 25 milligrams (mg) of tenofovir alafenamide and 200 mg of emtricitabine (Emtriva).

Descovy can be taken with or without food. If you have severe kidney problems, Descovy is not recommended.

WHAT ARE THE SIDE EFFECTS?  
When you start any ART, you may have temporary side effects such as headaches, high blood pressure, or a general sense of feeling ill. These side effects usually get better or disappear over time.

Descovy is usually very well tolerated. The most common side effects of Descovy are the same as with tenofovir alafenamide (and emtricitabine (Emtriva). The most commonly reported side effect in Descovy clinical studies was nausea. In some people, TAF can cause kidney injury. People with kidney disease or taking medications that can injure the kidney (like ibuprofen) have higher risks of kidney side effects. Monitoring of kidney function before starting and during treatment with Descovy.

TAF can reduce bone mineral density (BMD). BMD tests should be considered in people taking Descovy who have had bone fractures or other risks for osteoporosis (see fact sheet 557).

Levels of lactic acid in the blood (lactic acidosis, see fact sheet 556) increase in some people taking nucleoside analog drugs. Liver problems including severe liver enlargement and “fatty liver” may also occur.

In rare cases, people taking emtricitabine had some limited changes in skin color.

WHAT ABOUT DRUG RESISTANCE?  
Many new copies of HIV may have mutations. They are slightly different from the original virus. Some mutations can keep multiplying even when you are taking an ARV. When this happens, the drug will stop working. This is called “developing resistance” to the drug. See fact sheet 126 for more information on resistance.