## PrEP to Prevent HIV and Promote Sexual Health





Table 1: Key Clinical and Logistical Factors in Choosing a PrEP Regimen (details provided in discussion that follows; also see Checklist 1: Key Factors in Choice of PrEP Regimen)				
TDF/FTC (tenofovir disoproxil fumarate/ emtricitabine; Truvada)  Indications	TAF/FTC (tenofovir alafenamide/ emtricitabine; Descovy)	CAB LA (long-acting injectable cabotegravir; Apretude)	SC LEN (long-acting injectable lenacapavir; Yeztugo)	Comments
Sexual and injection drug use exposures in adults and adolescents weighing ≥35 kg	<ul> <li>Sexual exposures in adults and adolescents weighing ≥35 kg</li> <li>Not studied for injection drug exposure</li> </ul>	<ul> <li>Sexual exposures in adults and adolescents weighing ≥35 kg</li> <li>Not studied for injection drug exposure</li> </ul>	<ul> <li>Sexual exposures in adults and adolescents weighing ≥35 kg</li> <li>Under study for injection drug use</li> </ul>	<ul> <li>A 2017 amendment to the NYCRR grants minors capacity to consent to PrEP and PEP without parental/guardian involvement.</li> <li>Although not FDA indicated, TAF/FTC is an oral PrEP option for HIV exposure through receptive vaginal sex if TDF/FTC is not tolerated or desired or there is preexisting bone or renal disease, with shared decision-making.</li> <li>Although TAF/FTC and CAB LA have not been studied for injection drug use exposure and data are still pending for SC LEN, it is reasonable to think these PrEP options will be effective for exposures from injection drug use.</li> </ul>
<ul> <li>Time to Protection [a]</li> <li>All exposures: within 7 days of daily dosing</li> <li>All sexual exposures: 2 hours after initiating with a double dose of TDF/FTC</li> </ul>	Not defined, but expected to be ≤7 days	Estimated efficacy at 7 days	2 hours after second oral loading dose	See guideline section Comparing PrEP Regimens > Time to Protection



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Renal Safety				
<ul> <li>Do not initiate if confirmed CrCl &lt;60 mL/min.</li> <li>Discontinue if confirmed CrCl &lt;50 mL/min.</li> <li>Potential effect on renal tubular function; metaanalysis shows good safety [Pilkington, et al. 2018]</li> </ul>	Improved renal biomarkers compared with TDF     Do not initiate if confirmed CrCl <30 mL/min.	Increased monitoring for adverse effects is recommended if CrCl <30 mL/min.	Increased monitoring for adverse effects is recommended if CrCl <15 mL/min.	More frequent monitoring may be required for individuals at increased risk of renal disease (i.e., hypertension, diabetes, age >40 years).
Bone Safety				
Potential decrease in bone mineral density; meta-analysis shows good safety [Pilkington, et al. 2018]	<ul> <li>Favorable bone biomarkers for TAF compared with TDF</li> <li>Preferred oral regimen for adults with osteopenia or osteoporosis</li> <li>Preferred for adolescents aged ≤19 years</li> </ul>	Preferred option for prevention of sexual exposures in all individuals with osteopenia or osteoporosis	Preferred option for prevention of sexual exposures in all individuals with osteopenia or osteoporosis	_
Weight and LDL Cholesterol				
<ul><li>Weight neutral</li><li>Small decreases in LDL</li></ul>	Minimal weight gain was observed in studies     Small increases in LDL	<ul> <li>Minimal weight gain was observed in MSM and transgender women</li> <li>No significant effect on lipids</li> </ul>	No information on weight or cholesterol reported	_



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TDF/FTC (tenofovir disoproxil fumarate/ emtricitabine; Truvada) Dosing	TAF/FTC (tenofovir alafenamide/ emtricitabine; Descovy)	CAB LA (long-acting injectable cabotegravir; Apretude)	SC LEN (long-acting injectable lenacapavir; Yeztugo)	Comments
	T			
<ul> <li>Daily dosing</li> <li>On-demand dosing for sexual exposures is an option in cisgender MSM and transgender women.</li> <li>On-demand dosing for sexual exposures with 1 additional day of medication is an option, with shared decision-making, for receptive vaginal exposures.</li> <li>On-demand dosing is not appropriate for injection exposures.</li> </ul>	Daily dosing only	<ul> <li>Optional 30-day oral CAB lead-in</li> <li>First 2 IM injections administered 4 weeks apart; thereafter, injections given every 2 months</li> </ul>	<ul> <li>Initial loading dose of LEN 600 mg oral daily for 2 days</li> <li>Subcutaneous injections every 6 months</li> </ul>	
Same-Day Initiation				
Generic TDF/FTC is a preferred insurance option and is usually available for same-day initiation.	May require prior insurance authorization	<ul> <li>May require prior insurance authorization for oral or injectable CAB</li> <li>Implementation challenges may interfere</li> </ul>	May require prior insurance authorization     Implementation challenges may interfere	_
Common Adverse Effects				
Diarrhea (6%), nausea (5%) [Glidden, et al. 2016]	Diarrhea (5%), nausea (4%) [Mayer, et al. 2020]	Injection site reactions (32% to 81%) [Delany-Moretlwe, et al. 2022; Landovitz, et al. 2021], which are mostly mild and greatest initially	Injection site reactions including potential pain, nodules, and erythema (69% to 83%) [Kelley, et al. 2025; Bekker, et al. 2024], mostly grades 1 and 2, affected by injection technique	_



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Use During or When Planning Pre	egnancy	<del>,</del>	<del>,</del>	<del>,</del>
May be continued through pregnancy and breast/chestfeeding	May be continued through pregnancy and breast/chestfeeding	<ul> <li>No significant differences in maternal adverse events or pregnancy outcomes between CAB LA and TDF/FTC, but data are limited</li> <li>Use shared decision-making when considering CAB LA for pregnant individuals.</li> </ul>	<ul> <li>Pregnancy outcomes similar to those in the general population, but data are limited</li> <li>Use shared decision-making when considering SC LEN for pregnant individuals.</li> </ul>	<ul> <li>HIV acquisition risk is increased during pregnancy and highest late in pregnancy and early postpartum.</li> <li>Acute seroconversion significantly increases the risk of perinatal transmission during pregnancy and while breast/chestfeeding.</li> <li>Suppressive ART (TasP) for a partner with HIV is important for risk reduction.</li> <li>Prospectively report information regarding PrEP use during pregnancy to the Antiretroviral Pregnancy Registry.</li> </ul>
Use With Oral Contraceptives				
No interaction expected based on pharmacokinetic data	No interaction expected based on pharmacokinetic data	No interaction expected based on pharmacokinetic data	May increase concentrations of oral contraceptives but no dose adjustment needed	No dose adjustment of emergency contraception needed for all PrEP regimens
Use With Gender-Affirming Horn	nones			
No significant interaction with estrogen or testosterone	No significant interaction with estrogen or testosterone	No significant interaction with estrogen or testosterone	<ul> <li>Mild increases in levels of feminizing hormones and androgens are possible but no dose adjustments are needed.</li> <li>Monitor gender-affirming hormone levels and adjust dosages as needed.</li> </ul>	_



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Patients With Active Chronic HBV	/[b,c]			
<ul> <li>Active against and FDA- approved for treatment of HBV infection</li> <li>Daily dosing required when used for PrEP and HBV treatment</li> </ul>	Active against and FDA- approved for treatment of HBV infection	Not active against HBV infection	Not active against HBV infection	Monitor closely for rebound HBV viremia if TDF/FTC or TAF/FTC is discontinued in a patient with chronic HBV
Drug-Drug Interactions				
See NYSDOH AI <u>Drug-Drug</u> Interaction Guide: From HIV Prevention to Treatment > TDF and TAF Interactions	See NYSDOH AI <u>Drug-Drug</u> Interaction Guide: From Prevention to Treatment > TDF and TAF Interactions	See NYSDOH AI <u>Drug-Drug</u> Interaction Guide: From Prevention to Treatment > CAB Interactions	See NYSDOH AI <u>Drug-Drug</u> <u>Interaction Guide: From</u> <u>Prevention to Treatment &gt; LEN</u> <u>Interactions</u>	Drug-drug interactions for SC LEN may require additional dosing or an alternative PrEP regimen.
Generic Formulation Availability				
Generic TDF/FTC is available	Brand only	Brand only	Brand only	TAF/FTC, CAB LA, and SC LEN may require prior insurance authorization.

**Abbreviations:** 3TC, lamivudine; ART, antiretroviral therapy; CrCl, creatinine clearance; FDA, U.S. Food and Drug Administration; HBV, hepatitis B virus; IM, intramuscular; LDL, low-density lipoprotein; MSM, men who have sex with men; NYCRR, New York Codes, Rules and Regulations; PEP, post-exposure prophylaxis; PrEP, pre-exposure prophylaxis; TasP, treatment-asprevention.

## Notes:

- a. Time to protection has not been definitively established for any available PrEP regimen (see guideline section Comparing PrEP Regimens > Time to Protection).
- b. TDF and TAF are approved by the FDA for HBV treatment. FTC is also active against HBV but is not FDA-approved for HBV treatment. TDF or TAF in combination with FTC or 3TC (which is FDA-approved for HBV treatment and is molecularly similar to FTC) is commonly used in patients with HIV/HBV coinfection as part of an ART regimen to treat both infections.
- c. For individuals with chronic HBV who are not eligible for, cannot tolerate, or decide against TDF/FTC or TAF/FTC for PrEP, evaluate for an alternative HBV treatment (see NYSDOH AI guideline Prevention and Management of Hepatitis B Virus Infection in Adults With HIV).



## References

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