

Table 2: Benefits, Limitations, and Risks of Available PrEP Regimens			
All PrEP Regimens	Oral PrEP With TDF/FTC or TAF/FTC	Injectable PrEP With CAB LA	Injectable PrEP With SC LEN
<i>Benefits</i>			
- Highly effective when taken as directed - May decrease anxiety regarding HIV acquisition - Engages sexually active at-risk individuals in care who are then screened regularly for STIs	99% effective in reducing the risk of HIV acquisition when used as prescribed TDF/FTC: Indicated for all sexual and injection exposures TAF/FTC: Use for all sexual exposures (with shared decision-making for receptive vaginal sex) - Single tablet taken daily, and for TDF/FTC can also be taken before and after sex - Good safety profiles in people without HIV - Minimal adverse effects, most of which are manageable or resolve quickly - Appear to be safe for use during attempts to conceive and during pregnancy - Treats HBV infection	- Statistical superiority to TDF/FTC has been attributed to a lack of adherence to the oral regimen - Indicated for all sexual exposures - Administered intramuscularly once every 2 months - Directly observed therapy - Advantageous option when adherence to oral PrEP may be challenged by ongoing substance use or mental health concerns, neurocognitive disorders, difficulty swallowing pills, privacy concerns, or other	- Statistical superiority to TDF/FTC and TAF/FTC has been attributed to a lack of adherence to the oral regimen - Indicated for all sexual exposures - Administered subcutaneously once every 6 months - Directly observed therapy - Advantageous option when adherence to oral PrEP may be challenged by ongoing substance use or mental health concerns, neurocognitive disorders, difficulty swallowing pills, privacy concerns, or other
<i>Limitations</i>			
- Protection correlates with adherence to the dosing schedule - No significant protection against STIs other than HIV (some protection against HSV reported in heterosexual populations without HIV [Celum, et al. 2014])	- Requires daily adherence - Requires planning and adherence when TDF/FTC is dosed on-demand - Requires additional monitoring in patients with chronic HBV - Cost of TAF/FTC (no generic available) - No data on TAF/FTC for individuals who inject drugs	- Requires deep intramuscular injection - No data for individuals who inject drugs - Requires oral medications as bridging therapy when injections are missed - Requires ≥6 in-person healthcare visits per year - Does not treat HBV coinfection - Potential absorption issue for individuals with injectable silicone or	- Increased risk of long-term impactful medication interactions - Data pending for individuals who inject drugs - Requires oral medications as bridging therapy when injections are missed - Does not treat HBV coinfection - Implementation logistics - Cost (no generic available)

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All PrEP Regimens	Oral PrEP With TDF/FTC or TAF/FTC	Injectable PrEP With CAB LA	Injectable PrEP With SC LEN
		other fillers in the gluteal area; discuss risks and consider ultrasound for assessment and alternative PrEP options • Implementation logistics • Cost (no generic available)	
Risks			
Continued use after undiagnosed HIV infection may result in development of drug-resistant virus	• Safety concerns for individuals with impaired kidney function • Compared with TAF, TDF may be associated with reversible decreases in bone density in adults and irreversible bone density loss in individuals aged ≤19 years	• Potential injection site reactions and other adverse events, including pyrexia • Potential for delayed detection of HIV infection using standard HIV testing algorithms • Long tail phase once treatment is discontinued • Rare breakthrough infections despite on-time injections • Breakthrough infection may eliminate first-line ART options	• Injection site reactions are common (nodules, pain, and erythema at injection site) • Long tail phase once treatment is discontinued • Rare breakthrough infections despite on-time injections
Abbreviations: ART, antiretroviral therapy; CAB LA, long-acting injectable cabotegravir (Apretude); HBV, hepatitis B virus; HSV, herpes simplex virus; SC LEN, subcutaneous lenacapavir (Yeztugo) PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection; TAF/FTC, tenofovir alafenamide/emtricitabine (Descovy); TDF/FTC, tenofovir disoproxil fumarate/emtricitabine (Truvada).			

Reference

Celum C, Morrow RA, Donnell D, et al. Daily oral tenofovir and emtricitabine-tenofovir preexposure prophylaxis reduces herpes simplex virus type 2 acquisition among heterosexual HIV-1-uninfected men and women: a subgroup analysis of a randomized trial. *Ann Intern Med* 2014;161(1):11-19. [PMID: 24979446]
<https://pubmed.ncbi.nlm.nih.gov/24979446>