



Preferred 1st Line

- Generic Truvada



2nd Line

- Descovy



3rd Line

- Injectable Apretude



4th Line

- Injectable Yeztugo

Generic Truvada (FTC/TDF) - 1st Line Preferred

- **Guideline recommended for all HIV exposure types**
 - **The only guideline recommended PrEP for HIV exposure related to IVDU**
- Preferred for patients with obesity or dyslipidemia
- Safety considerations
 - Reduced kidney function (avoid use with eGFR <60 mL/min)
 - Reduced bone mineral density or other bone disease
- Lowest cost

Descovy (FTC/TAF) - 2nd Line

- **Guideline recommended only for HIV exposure from insertive anal/vaginal sex and receptive anal sex**
 - Not FDA indicated for receptive vaginal sex or other types of HIV exposure
- Preferred for patients with eGFR between 30 - 60 mL/min
 - Avoid use in patients with eGFR <30mL/min (OK for use in patients on dialysis)
- Preferred for patients with reduced bone mineral density or other bone disease
- Has not been studied in patients less than 18 years of age
- Not preferred for patients with obesity or dyslipidemia
 - Increased risk of weight gain
- High cost

Apretude (cabotegravir) - 3rd Line

- **Guideline recommended for all HIV exposure types except IVDU**
- Requires loading doses
- May be preferred for patients with poor oral adherence
- Causes injection site reactions which diminish over time
- High cost

Yeztugo (lencapavir) - 4th Line

- Injectable formulation is recently FDA approved
- Considered equivalent to Apretude by the guidelines
- High cost
- Requires oral lead-in

2024 Guideline Recommendations Summary

Table 4. Recommendations for Currently Approved Biomedical HIV Prevention by Type of Exposure^a

Type of exposure	Daily TDF/FTC	On-demand ("2-1-1") TDF/FTC	Daily TAF/FTC	Every-other-month intramuscular long-acting cabotegravir ^b
Insertive anal/vaginal sex	✓	✓	✓	✓
Receptive anal sex	✓	✓	✓	✓
Receptive vaginal sex	✓			✓
Receptive neovaginal sex	✓			✓
Injection drug use ^c	✓			
Recommended for pregnant and breastfeeding women	✓			✓
Initiate with a double dose	✓	✓		
Recommended for individuals with reduced creatinine clearance (30-60 mL/min) or who have osteopenia or osteoporosis			✓	✓

Abbreviations: FTC, emtricitabine; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate.

^a Adapted from Gandhi et al.²

^b Additional recommendations for long-acting cabotegravir: An optional 4- to 5-week oral lead-in is available before starting injections and is recommended for individuals with severe atopic histories or on request. The oral lead-in is not recommended for those who have difficulty adhering to daily oral dosing. Overlapping the first injection with 7 days of oral preexposure prophylaxis (PrEP) is recommended for maximal protection. Oral cabotegravir tablets are recommended for the overlap if an oral cabotegravir lead-in is used to initiate long-acting cabotegravir; otherwise tenofovir-containing oral PrEP can be

used for the overlap. Providing a 1-month supply of tenofovir-based oral PrEP is recommended for injection delays exceeding 7 days. Administer gluteal injections at 600 mg, with the first 2 injections spaced 4 weeks apart and subsequent injections every 8 weeks. If injections are delayed by 8 weeks or more, resume with 2 injections 4 weeks apart before returning to the every-8-weeks schedule. If long-acting cabotegravir is discontinued but HIV protection is still required, transitioning to an alternative prevention method is recommended.

^c Persons who inject drugs should also be assessed for sexual routes of exposure to HIV, and PrEP choice made considering that route of exposure as well (see text for the strength of the recommendations and quality of the data).