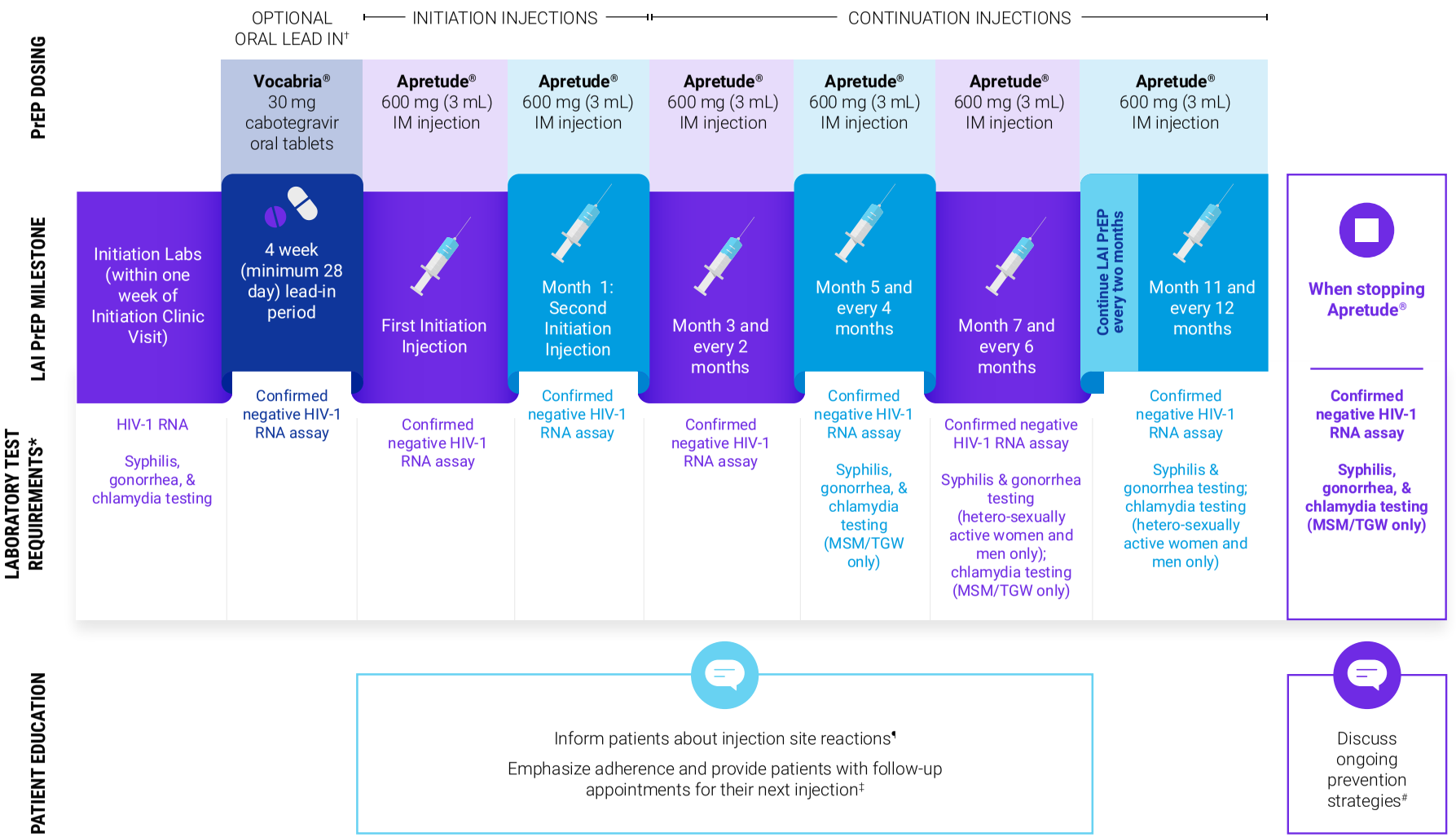
Truvada and Descovy at a Glance

This chart details some of the differences of oral PrEP. These details can help a PrEP user decide which to start with and perhaps which to switch to, if needed.

	emtricitabine/disoproxil fumarate (F/TDF)	emtricitabine/tenofovir alafenamide (F/TAF)
Year approved by FDA	2012 (PrEP indication)	2019 (PrEP indication)
Brand names	*Truvada*, and generic formulations	*Descovy*
Exposure routes included by FDA	Receptive or insertive vaginal/front hole or anal sex, sharing needles	Receptive or insertive anal sex
Exposure routes not included by FDA	None	Receptive vaginal/front hole sex
People included in studies	MSM, trans women, heterosexual men and women, people who inject drugs	MSM, trans women who have sex with men
Effectiveness of daily	> 99%	> 99%
Effectiveness of 2-1-1 regimen for anal sex	Highly effective in Ipergay and Prévenir studies	No clinical studies have been completed yet
Pill size	0.75 inch (*Truvada*), generic pills are various sizes	0.5 inch
Gender-affirming hormone interactions	No effect on estradiol or testosterone blood levels; some reduction of TDF; 2-1-1 PrEP not recommended with estradiol	Not well studied with estradiol or testosterone
Kidney health measures	May cause small drop in kidney health. Not recommended when eGFR falls <60 mL/min.	Less decline in kidney health than TDF. Not recommended when eGFR falls <30 mL/min.
Bone health measures	May cause slight decline in hip/spine bone density in few people, slightly more than TAF, same low rate of fractures	May cause small increase in hip/spine bone density overall, slight declines in few people, same low rate of fractures
Cholesterol measures	May cause a slight drop in LDL, HDL, and total cholesterol.	May cause a slight increase in LDL cholesterol and triglycerides.
Weight gain/loss	May cause a small amount of weight loss.	May cause a small amount of weight gain.
Diabetes	No cases seen in HIV-negative people or people living with HIV.	Some cases seen in people living with HIV.
Cardiovascular risk score	---	Increased 13% in people with HIV after switching from TDF to TAF.
Generic availability	Yes. Insurance plans may require a PrEP user to use the generic form.	No.

Reprinted from "Helping People Access Pre-Exposure Prophylaxis" by getSFcba, the CBA program of the San Francisco Department of Public Health, found at pleaseprepme.org/wp-content/uploads/2024/08/PrEP-Navigation-Manual-080124.pdf

Long-Acting Injectable Cabotegravir Dosing



ABBREVIATIONS: IM: Intramuscular; MSM: Gay, bisexual, and other men who have sex with men; TGW: Transgender women; LAI: Long-acting injectable

* An HIV-1 RNA assay test must be performed within one week prior to each injection of Apretude®. The CDC's 2021 PrEP Clinical Guidelines details the recommended lab testing schedule for long-acting cabotegravir. More information about initiation and monitoring labs can be found on pages 48-52 of the guidelines.

† An oral lead-in is not required when initiating Apretude®. It may be used for at least 28 days to assess the tolerability of Apretude before administering the long-acting suspension cabotegravir.

¶ Provide proactive management advice, for instance, for the first 2-3 injections take an over-the-counter pain medication within a couple of hours before or soon after the injection and continue as needed for one to two days. After the injection (e.g., returning home), patients should apply a warm compress or heating pad to the injection site for 15-20 minutes.

‡ Educate clients on the importance of keeping their follow-up appointments and establish client follow-up practices.

Patients discontinuing Apretude® injections who may be at ongoing risk of sexual and injection HIV exposure should be provided with another highly effective HIV prevention method during the months following their last injection, such as oral PrEP (generic TDF/FTC, Truvada®, or Descovy®). Apretude® is a long-acting medicine and its active ingredient may stay in the body for up to three years in men and four years in women after the last injection. This time is considered the pharmacokinetic (PK) "tail". If someone contracts HIV while still in the PK "tail" phase following discontinuation of Apretude®, drug resistance to cabotegravir and other integrase strand transfer inhibitors can occur. This can have significant implications for HIV treatment regimen selection. Educating clients regarding the long PK "tail" and discussing the potential need for continued oral PrEP to minimize risk of contracting HIV upon discontinuing Apretude® is strongly recommended.