



PrEP to Prevent HIV and Promote Sexual Health

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Box 3: Important Clinical Considerations With TDF/FTC or TAF/FTC as PrEP

If the patient has active chronic hepatitis B virus (HBV):

- Tenofovir disoproxil fumarate (TDF), tenofovir alafenamide (TAF), and emtricitabine (FTC) are active against HBV. For more information, see [AASLD guidelines for treatment of chronic hepatitis B](#).
- TDF and TAF are approved by the U.S. Food and Drug Administration (FDA) for the treatment of HBV. When taken daily, TDF/FTC or TAF/FTC may be used as PrEP and concomitant HBV treatment.*
- Continuation of TDF, TDF/FTC, TAF, or TAF/FTC as HBV treatment should be recommended for patients who do not have HIV and for whom PrEP is no longer indicated.
- Discontinuation of TDF/FTC or TAF/FTC in patients with chronic HBV requires close monitoring for rebound HBV viremia.
- Individuals with chronic HBV who are not candidates for PrEP should be evaluated for treatment that follows published guidelines [Terrault, et al. 2016]. For more information, see the NYSDOH AI guideline [HBV-HIV Coinfection](#).

If the patient is pregnant or attempting to conceive:

- Information about the potential benefits and risks of taking TDF/FTC during pregnancy is an essential component of shared decision-making regarding risk reduction.
- TAF/FTC is not approved for use as PrEP in this population.
- HIV acquisition risk is higher during pregnancy and is at its highest in the late pregnancy and early postpartum periods [Thomson, et al. 2018].
- Risk of perinatal transmission is significantly higher during acute seroconversion when a patient is pregnant or breastfeeding [Singh, et al. 2012; Drake, et al. 2014].
- TDF/FTC as PrEP may be continued during pregnancy and breastfeeding if risk of HIV acquisition is ongoing.
- Suppressive antiretroviral therapy (treatment as prevention) for a partner who has HIV is an important component of risk reduction.
- Prospectively report information regarding use of PrEP during pregnancy to the [Antiretroviral Pregnancy Registry](#).

If the patient is an adolescent:

- TDF/FTC (for all populations) and TAF/FTC (for cisgender MSM and transgender women) as PrEP are appropriate for adolescents who are at risk of acquiring HIV and weigh ≥ 35 kg (~77 lb).
- A 2017 amendment to the New York Codes, Rules and Regulations (NYCRR), grants minors the capacity to consent to PrEP and PEP without parental/guardian involvement.

If the patient is at risk of chronic kidney disease (e.g., age >40 years, hypertension, or diabetes), or has preexisting mild kidney disease with creatinine clearance (CrCl) <60 mL/min:

- The greater possibility of kidney disease among individuals who have risk factors is an essential component of the risk-benefit discussion and shared decision-making regarding initiation of TDF/FTC or TAF/FTC as PrEP.
- More frequent renal monitoring may be required for patients at risk of renal disease or who are older than 40 years who elect to use TDF/FTC or TAF/FTC as PrEP.
- TDF/FTC should not be initiated in individuals who have a CrCl <60 mL/min. TAF/FTC is an option for PrEP in MSM and transgender women with renal disease and a CrCl >30 mL/min.



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If the patient is taking other medications:

- A thorough medication history that includes over-the-counter medications, such as nonsteroidal anti-inflammatory drugs, may reveal concomitant nephrotoxic drugs and potential need for increased renal monitoring.

If the patient has osteopenia, osteomalacia, or osteoporosis:

- The risk of bone loss for individuals who have preexisting risk factors or documented osteopenia, osteomalacia, or osteoporosis is an important component of the risk-benefit discussion and shared decision-making regarding initiation of TDF/FTC as PrEP. TAF/FTC is preferred for cisgender MSM and transgender women with osteoporosis.

*TDF and TAF are approved by the FDA as treatment for HBV. FTC is also active against HBV but is not FDA-approved for HBV treatment. TDF or TAF in combination with FTC or lamivudine (3TC), which is FDA-approved for HBV treatment and is molecularly similar to FTC, are commonly used in patients with HIV-HBV coinfection as part of an antiretroviral regimen to treat both infections.

REFERENCES

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