



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Oxiris Barbot, M.D.
Commissioner

TDF-FTC is Still the First-Line Regimen for PrEP

January 2020

Dear Colleague:

There are now two medications that you can prescribe as pre-exposure prophylaxis (PrEP) to prevent HIV: tenofovir disoproxil fumarate/emtricitabine (TDF/FTC, or [Truvada®](#)) and the newer tenofovir alafenamide (TAF/FTC, or [Descovy®](#)). Recent data and accounts from providers and PrEP users indicate that many providers are switching patients from TDF/FTC to TAF/FTC and increasingly using TAF/FTC as the first-choice drug when initiating PrEP. For the following reasons, **the New York City Health Department recommends TDF/FTC as the [first-line formulation](#) for PrEP in all populations at risk of HIV exposure.**

There is a robust evidence base for the use of TDF/FTC as PrEP. The US Food and Drug Administration approved TDF/FTC for PrEP in 2012 and TAF/FTC for PrEP in 2019. While many studies have established the safety and efficacy of TDF/FTC in multiple populations, only a single, limited-population study has examined TAF/FTC as PrEP. Furthermore, TAF/FTC is approved only for cisgender men who have sex with men and for transgender women. There is a dearth of data supporting use of TAF/FTC in other populations including cisgender women and people who inject drugs.

TAF/FTC has not been shown to be more effective than TDF/FTC. Study findings show that TAF/FTC is “non-inferior” to TDF/FTC in preventing HIV—meaning that TAF/FTC is not better but, rather, similarly as effective as TDF/FTC.

TDF/FTC is extremely safe. Many of the benefits described for TAF/FTC over TDF/FTC in bone and kidney function, while statistically significant in studies using sensitive biomarkers, are not clinically significant in practice among PrEP users. TAF/FTC demonstrates some metabolic changes in weight and lipids, reminding us that it is not an inert or side effect-free drug. It is not necessary to change TDF/FTC in patients who may not benefit from the different side effect profile of TAF/FTC. While TAF/FTC may be a better agent in someone with renal function issues or at risk of osteopenia or osteoporosis, TDF/FTC has proven ideal for almost all others.

Continuing to prescribe TDF/FTC will allow us to expand PrEP use. Generic TDF/FTC will likely soon come to market in the United States at a far lower price than TAF/FTC. The lower price will benefit patients and health care systems, including safety net providers for whom PrEP medicines are a significant expense. Misleading marketing and false claims perpetuated on social media have characterized TDF/FTC as less safe than TAF/FTC, threatening this incredible opportunity to scale up PrEP. Providers can counter this misinformation by educating patients on the safety and efficacy of TDF/FTC and working with patients to make judicious, evidence-informed decisions about which PrEP medication they should take.

Your informed clinical decision-making can help ensure widespread access to TDF/FTC—a safe and effective HIV prevention tool that is critical to ending the HIV epidemic in New York City, across the United States, and around the world. Contact the NYC Health Department at PrEPandPEP@health.nyc.gov if you have any questions about PrEP or how to implement a PrEP program in your practice.

Thank you for your continued partnership.

Sincerely,

Demetre C. Daskalakis, MD, MPH
Deputy Commissioner, Division of Disease Control

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Assistant Commissioner, Bureau of HIV