Pregnancy and breastfeeding	There is an increased risk of acquiring HIV during periods of conception, pregnancy, and breastfeeding. (22) F/TDF (Truvada) is the recommended agent for this patient population; it does not cause any adverse pregnancy outcomes. The effects on infants exposed to F/TDF during lactation have not been well studied though existing studies suggest very limited drug exposure.(23) Further investigation is needed for F/TAF (Descovy) and CAB (Apretude) in this patient population. Existing data among HIV+ women taking these agents for HIV treatment does show favorable safety profiles. Use of these agents as PrEP may be considered if there is a shared and informed decision that the risks outweigh the benefits. Information should be anonymously submitted if any form of PrEP is used during pregnancy at http://www.apregistry.com/
Disorders that affect bone mineral density (BMD)	Both F/TDF (Truvada) and F/TAF are known to lower BMD. Although F/TDF (Truvada) is often cited as the more “toxic” agent on bone health when compared to F/TAF (Descovy), all existing studies have found only small and clinically insignificant impacts on BMD. Furthermore, the minor losses in BMD caused by F/TDF (Truvada) were fully recovered within 12-18 months of drug discontinuation.(24) Nevertheless, preference towards F/TAF (Descovy) or CAB (Apretude) may be warranted in those with prior pathologic fracture and/or pre-existing conditions related to poor bone health such as: osteopenia/osteoporosis, type I diabetes, celiac disease (or other malabsorptive conditions), hyperthyroidism, hyperparathyroidism, osteogenesis imperfecta, multiple myeloma, chronic use of glucocorticosteroids or hormone blockers. None of these conditions are hard contraindications to PrEP use and it should be discussed that BMD declines are much more significant and irreversible once HIV is contracted.
Drugs with potentially concerning interactions	Aside from the previously mentioned drugs that are absolutely contraindicated, other drugs may cause interactions that warrant careful monitoring for toxicities. Especially those that are nephrotoxic. Utilize https://hiv-druginteractions.org/checker to make informed decisions for your patients.

Hepatitis B virus (HBV) infection	The medications in oral formulations of PrEP (F/TDF and F/TAF) also have activity against HBV. Among patients with a positive hepatitis B surface antigen (HBsAg), abrupt discontinuation of oral PrEP can potentially cause hepatic flares. The data of this phenomenon is limited to patients coinfected with HIV and HBV receiving therapy with these agents. HBV related flares, nor HBV resistance, have not been observed in the context of PrEP. More recent analyses have gone on to say that HBsAg+ individuals with normal or near normal transaminase levels have an extremely low risk of hepatic flare when stopping PrEP. The CDC guidelines specifically states that PrEP should not be withheld while waiting for HBV results. (25) Nevertheless, the potential of causing hepatic flares is not to be taken lightly and due to this concept, ED-PrEP is not recommended for patients who are HBsAg+.
Patients ≥ 65 years old	No direct studies have been performed on this age group. Kidney function and bone mineral density naturally deteriorates with age so caution should be used with select PrEP agents.

Table 5. Careful considerations regarding PrEP Use