

Long-Acting Injectable PrEP

Patient Selection, Switching, and Monitoring



Long-acting injectable (LAI) pre-exposure prophylaxis (PrEP) expands HIV prevention options and may help address barriers related to daily oral adherence. This resource provides practical guidance to support **appropriate patient selection, safe switching, and effective monitoring** in clinical practice.

1. Which Patients May Benefit From LAI PrEP?

LAI PrEP may be a good option for patients who:

- Are HIV-negative and at ongoing risk for HIV
- Have difficulty adhering to daily oral PrEP
- Prefer fewer dosing events
- Experience stigma, privacy concerns, or pill fatigue
- Have demonstrated challenges with persistence on oral PrEP

Additional considerations:

- Ability to attend scheduled clinic visits
- Access to injection services
- Insurance coverage or local availability
- Patient preference after shared decision-making

Because administration routes differ (intramuscular vs subcutaneous), injection site suitability may influence PrEP selection for some patients.

LAI PrEP should be considered as part of a personalized prevention plan for all patients and should be discussed and considered when appropriate.

2. Initiating LAI PrEP

Before initiation:

- Confirm HIV-negative status using guideline-recommended testing strategies, including HIV-1 RNA testing when initiating or re-initiating LAI PrEP
- Review medical history and current medications
- Discuss benefits, limitations, and dosing schedules
- Assess potential barriers to follow-up visits

Key counseling points:

- Importance of on-time injections
- What to do if a visit is missed
- Possible injection-site reactions
- Ongoing need for routine HIV and sexually transmitted infection (STI) screening

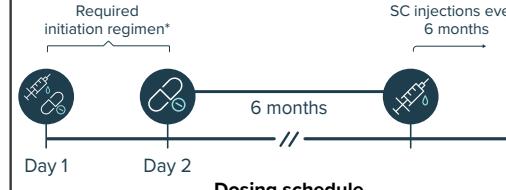
3. Switching From Oral PrEP to LAI PrEP

Patients may transition from oral PrEP to LAI PrEP for clinical, behavioral, or preference-based reasons.

Considerations when switching from oral PrEP to LAI PrEP:

- Confirm HIV-negative status immediately before initiation
- Do not delay LAI initiation if the patient is ready and testing is appropriate
- Oral lead-in with cabotegravir is optional and based on patient preference
- Lenacapavir requires oral initiation dosing and should not be skipped
- Schedule follow-up visits at the time of the first injection

Switching should be planned carefully to avoid gaps in HIV protection.

Features	CABOTEGRAVIR (LAI)	LENACAPAVIR (LAI)
Route of administration	 Intramuscular injection in the buttock	 SC injection in the abdomen or thigh with oral lead-in
Dosing regimen	 <p>Intramuscular initiation doses</p> <p>Injections every 2 months</p> <p>Dosing schedule (months)*</p> <p>#1 #2 3</p> <p>0 1 3</p> <p><small>*Optional ~4-week oral lead-in.</small></p>	 <p>Required initiation regimen*</p> <p>SC injections every 6 months</p> <p>Dosing schedule</p> <p>Day 1 Day 2 6 months</p> <p><small>*The oral component is used only for initiation (Days 1–2) and not part of routine maintenance.</small></p>

4. Monitoring and Follow-Up

Ongoing monitoring is essential for safety and effectiveness.

AT EACH VISIT, CONSIDER:

- HIV testing per Centers for Disease Control and Prevention (CDC), World Health Organization (WHO) guidelines, and local guidance, as appropriate
 - For cabotegravir, include HIV-1 RNA testing due to the potential for delayed seroconversion.
- Assessment of side effects or injection-site reactions
- Review of upcoming injection schedule
- Screening for STIs as appropriate
- Discussion of changes in HIV risk or patient preferences

MISSED OR DELAYED INJECTIONS:

- Address promptly
 - When discontinuing cabotegravir LAI in patients with ongoing HIV exposure risk, initiate daily oral PrEP within 8 weeks of the last injection to prevent gaps in protection during the pharmacokinetic “tail.”
- If lenacapavir is discontinued and the patient has ongoing HIV exposure risk, initiate an **alternative effective HIV prevention strategy** (e.g., daily oral PrEP) according to local guidelines.
- Continue **regular HIV testing** during the post-discontinuation period
- Follow local or guideline-based recommendations for re-initiation
- Reinforce adherence strategies and support services

5. Addressing Barriers to Care

Common challenges may include:

- Transportation or clinic access
- Time off work or caregiving responsibilities
- Stigma or fear related to HIV prevention
 - Cultural or religious beliefs that may affect comfort discussing sexual health, HIV testing, or use of preventive medications (e.g., beliefs or norms that shape health decisions)
- Cost or insurance coverage

Strategies to support patients:

- Flexible scheduling or reminder systems
- Coordination with community health workers or outreach programs
- Clear, nonjudgmental communication
- Connection to financial or social support resources

6. Shared Decision-Making Is Key

LAI PrEP should be discussed as **one of several effective HIV prevention options**.

Engaging patients in shared decision-making helps:

- Align prevention strategies with patient goals
- Improve persistence and satisfaction
- Reduce stigma and misconceptions

• World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), European AIDS Clinical Society (EACS), and International Antiviral Society—USA (IAS—USA) guidelines consistently emphasize shared decision-making, adherence support, and regular HIV testing as core components of PrEP delivery, although specific eligibility and implementation recommendations vary by region and population. See references and resources for specific details.

KEY TAKEAWAY

Long-acting injectable PrEP offers an important addition to the HIV prevention toolkit. Thoughtful patient selection, careful transitions, and consistent monitoring can help optimize outcomes and support sustained HIV prevention.

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