

What Is Injectable HIV PrEP?

The US Food and Drug Administration (FDA) has approved one injectable pre-exposure prophylaxis (PrEP) medication: cabotegravir (CAB) 600 mg (brand name **Apretude**[®]). CAB is a single antiretroviral drug given as an intramuscular injection every 2 months to prevent HIV.

In 2021, the US Preventive Services Task Force issued a graded recommendation to prescribe CAB for PrEP to adult patients who are at risk of getting HIV through sex (grade IA).

Who Is Injectable PrEP for?

PrEP is for people who don't have HIV and are at risk of getting HIV from sex or injection drug use.

Injectable PrEP with CAB is highly effective at protecting patients from HIV and is for adults and adolescents who weigh at least 35 kg (77 lb) and are at risk of getting HIV through sex.

CAB injections may be a good option for PrEP for people who:

- Have problems taking oral PrEP as prescribed.
- Prefer getting a shot every 2 months instead of taking oral PrEP.
- Have serious kidney disease that prevents use of oral PrEP medications.

CAB injections should not be prescribed to people who have HIV or to those with a history of hypersensitivity reaction to CAB.



To learn more about prescribing HIV prevention, visit:
cdc.gov/HIVNexus



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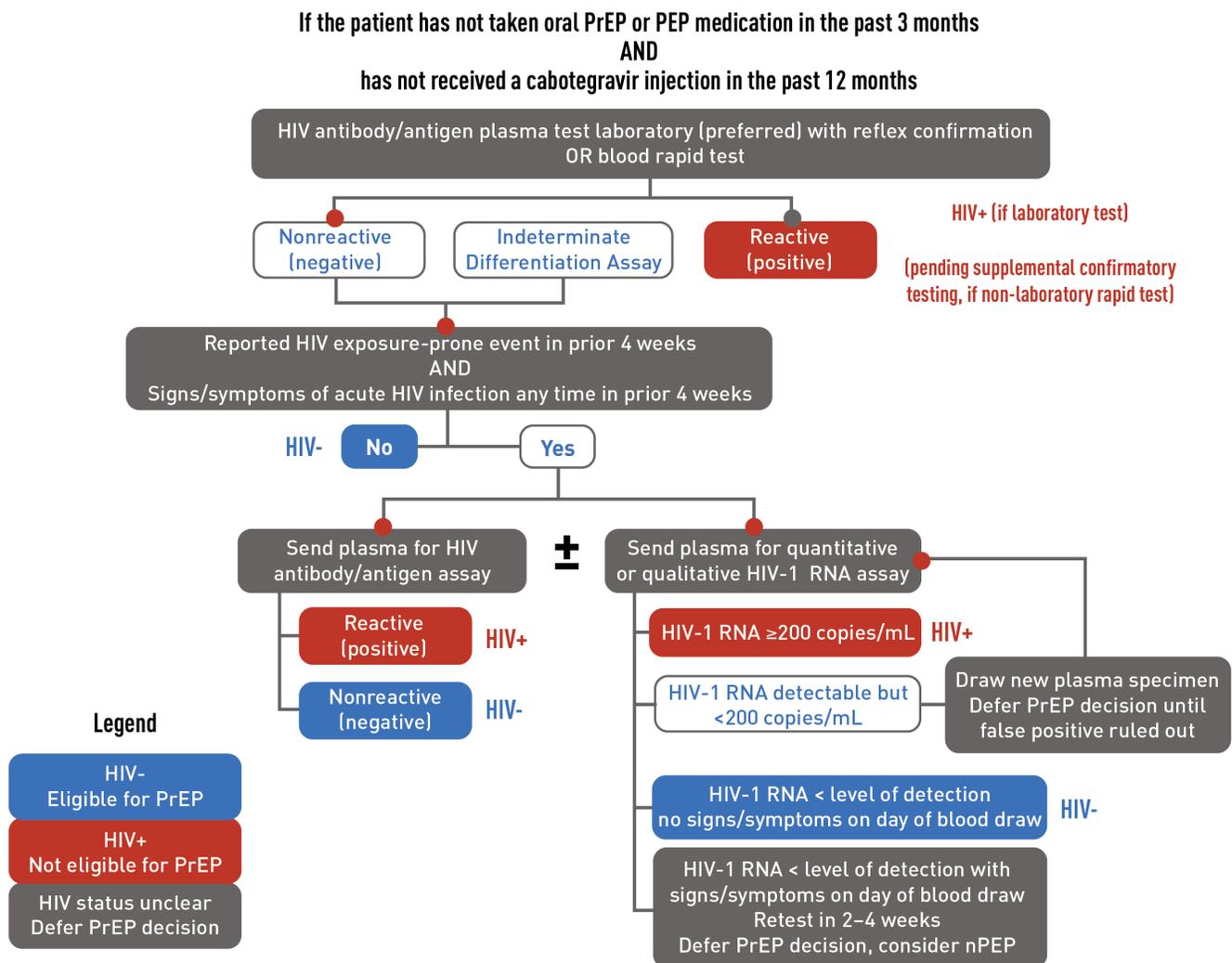
How Is Injectable PrEP Used?

CAB is FDA approved as an intramuscular injection in the buttocks initiated as a first injection followed by a second injection 1 month after the first and then continued with an injection every 2 months thereafter. A 4-week lead-in period of 30 mg daily oral CAB prior to the first injection is optional for patients who are worried about side effects.

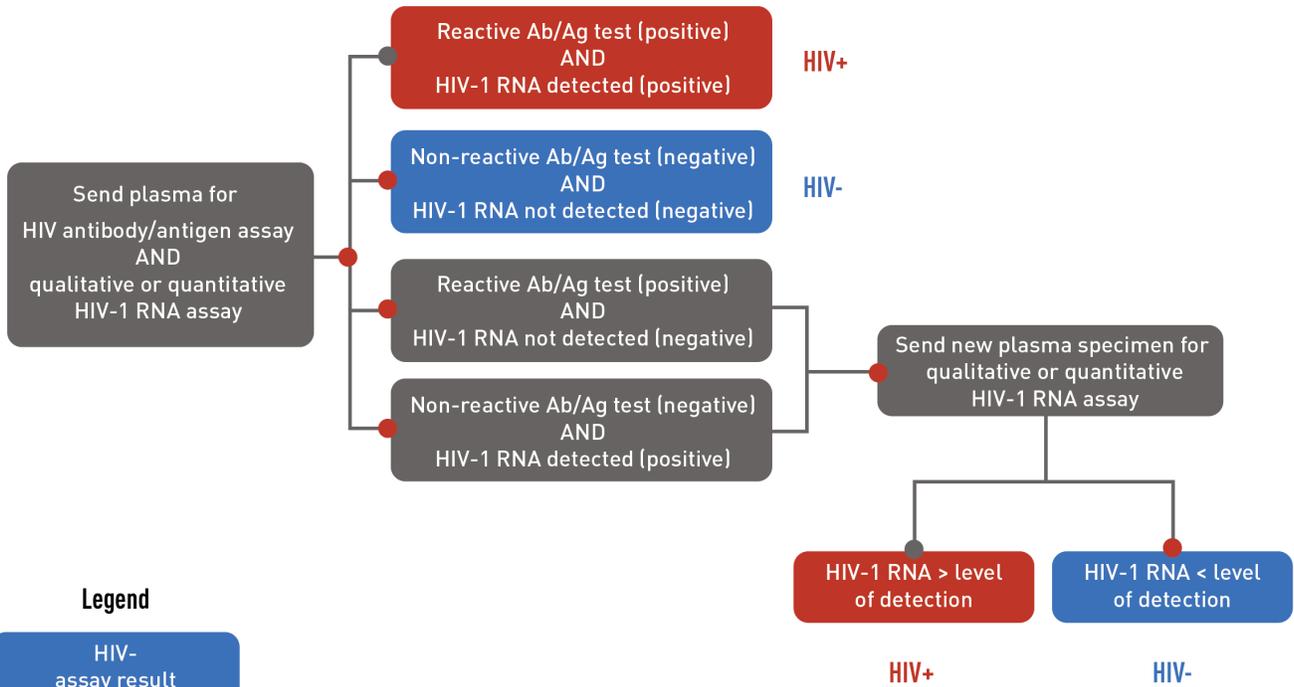
What Baseline Assessments Are Required Before Prescribing Injectable PrEP?

Perform the following baseline assessments for all injectable PrEP candidates:

- **HIV testing:** Confirm that the patient does not have HIV before prescribing PrEP. The flowcharts below provide more information about HIV testing for PrEP candidates.
- **Sexually transmitted infection (STI) testing:** Screen injectable PrEP candidates who are sexually active for chlamydia, gonorrhea, and syphilis.



If the patient has taken oral PrEP or PEP medication in the past 3 months
OR
has received a cabotegravir injection in the past 12 months



Legend

- HIV- assay result
- HIV+ assay result
- HIV status unclear



How Can My Patients Get Help Paying for Injectable PrEP?

Up-to-date information on options for paying for PrEP can be found on the Centers for Disease Control and Prevention's (CDC's) HIV Nexus: [cdc.gov/hiv/clinicians/prevention/prep.html](https://www.cdc.gov/hiv/clinicians/prevention/prep.html).

What Ongoing Support and Assessments Are Required for Patients on Injectable PrEP?

PrEP should be prescribed as part of a combination prevention plan. At minimum, while patients are on injectable PrEP, CDC recommends that health care providers:

Provide the following services

At visit 1 month after initial injection (month 1, second injection)

- Test for HIV with antigen/antibody and HIV-1 RNA assays and assess for signs or symptoms of acute infection.
- Administer CAB injection.
- Respond to new questions.
- Provide medication adherence and behavioral risk-reduction support.

At each bimonthly visit (beginning with the third injection in month 3)

- Test for HIV with antigen/antibody and HIV-1 RNA assays and assess for signs or symptoms of acute infection.
- Administer CAB injection.
- Provide access to sterile needles or syringes and substance use disorder treatment services for people who inject drugs.
- Respond to new questions and provide any new information about CAB for PrEP.
- Discuss the benefits of persistent CAB for PrEP use and adherence to scheduled injection visits.

At least every 4 months (every other injection visit, beginning with the third injection in month 3)

- Conduct bacterial STI screening for gay, bisexual, and other men who have sex with men and transgender women who have sex with men (oral, rectal, urine, blood).

At least every 6 months (beginning with the fifth injection in month 7)

- Screen all heterosexually active people for bacterial STIs (vaginal, rectal, urine, as indicated; blood).

At least every 12 months (after the first injection)

- Assess desire to continue PrEP injections.
- Screen all heterosexually active people for chlamydia (vaginal, urine), even if asymptomatic.

Other Considerations for Prescribing Injectable PrEP



Where Can I Learn More About Prescribing and Managing Patients on Injectable PrEP?

CDC offers a variety of resources for providers, patients, and practices.

- Access CDC's *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update—A Clinical Practice Guideline* here: cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf.
- Download additional *Clinicians' Quick Guides* on PrEP, as well as other materials, such as brochures and posters: cdc.gov/hiv/clinicians/materials/prevention.html.



What If My Patient Wants to Discontinue Injectable Prep?

CAB levels slowly wane over many months after injections are discontinued. At some point during this "tail" phase, CAB levels will fall below a protective threshold and persist for some time at nonprotective levels.

For these reasons, patients discontinuing CAB injections who may be at ongoing risk should be provided with another highly effective HIV prevention method during the months following their last injection.

Clinicians should:

- Counsel patients about the risk of developing drug-resistant HIV during declining CAB levels (the "tail period") after CAB injections are stopped or when injections are missed.
- Assess ongoing risk for HIV exposure and prescribe daily oral PrEP within 8 weeks after the last CAB injection or other prevention methods if HIV exposure is anticipated, including nonoccupational post-exposure prophylaxis (PEP).
- Continue follow-up visits quarterly for 12 months.
- Conduct antigen/antibody and HIV-1 RNA tests at each quarterly follow-up visit after stopping CAB injections.



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