Status of Long-Acting Cabotegravir for Pre-Exposure Prophylaxis in Guidelines

Summary

- Centers for Disease Control Guidelines (CDC)
  - "PrEP with intramuscular cabotegravir injections…is recommended for HIV prevention in adults reporting sexual behaviors that place them at substantial ongoing risk of HIV exposure and acquisition (IA)."
- International Antiviral Society-USA Guidelines (IAS-USA)
  - "Long-acting injectable cabotegravir…is recommended as PrEP for cisgender men and transgender women who have sex with men (evidence rating: AIa)"
  - The IAS-USA guidelines do not provide a recommendation for the use of CAB LA for cisgender women.
- The US Preventive Services Task Force (USPTF)
  - "The USPSTF concludes with high certainty that there is a substantial net benefit from the use of effective antiretroviral therapy to reduce the risk of acquisition of HIV in persons at increased risk of acquiring HIV."
  - Specifically, the recommendation states that adults and adolescents weighing at least 35 kg (77lbs) and at increased risk of HIV acquisition should be prescribed PrEP, including CAB LA (Grade A).
- World Health Organization (WHO)
  - "Long-acting injectable cabotegravir may be offered as an additional prevention choice for people at substantial risk of HIV infection, as part of combination prevention approaches *(conditional recommendation; moderate certainty of evidence)*."
- Important Safety Information and Boxed Warning can be found in the Prescribing Information and can also be accessed from the Our HIV Medicines section of viivhealthcare.com/us.

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CENTERS FOR DISEASE CONTROL (CDC) GUIDELINE[1]

"PrEP with intramuscular cabotegravir (CAB) injections (conditional on FDA approval) is recommended for HIV prevention in adults reporting sexual behaviors that place them at substantial ongoing risk of HIV exposure and acquisition (IA)."

"Summary of Clinician Guidance for Cabotegravir Injection PrEP Use

- All the following conditions are met:
  - Documented negative HIV Ag/Ab test result within 1 week before initial cabotegravir injection
  - No signs/symptoms of acute HIV infection
  - No contraindicated medications or conditions
- 600 mg cabotegravir administered as one 3 mL intramuscular injection in the gluteal muscle

    - Initial dose
    - Second dose 4 weeks after first dose (month 1 follow-up visit)
    - Every 8 weeks thereafter (month 3, 5, 7, follow-up visits etc)
- Follow-up care
    - At follow-up visit 1 month after first injection: HIV Ag/Ab test and HIV-1 RNA assay
    - At follow-up visits every 2 months (beginning with the third injection – month 3): HIV Ag/Ab test, HIV-1 RNA assay and access to clean needles/syringes and drug treatment services for PWID
    - At follow-up visits every 4 months (beginning with the third injection – month 3): Bacterial STI screening for MSM and transgender women who have sex with men – oral, rectal, urine, blood
    - At follow-up visits every 6 months (beginning with the fifth injection – month 7): Bacterial STI screenings for all heterosexually-active women and men [vaginal, rectal, urine – as indicated], blood
    - At follow-up visits at least every 12 months (after the first injection): assess desire to continue injections for PrEP, chlamydia screening for heterosexually active women and men – vaginal, urine
    - At follow-up visits when discontinuing cabotegravir injections: re-educate patients about the "tail" and the risks during declining CAB levels; assess ongoing HIV risk and prevention plans; if PrEP indicated, prescribe daily oral F/TDF or F/TAF beginning within 8 weeks after last injection, continue follow-up visits with HIV testing quarterly for 12 months"

[a]Strength of recommendation: A (strong recommendation for the statement); Quality of evidence: I (One or more well-executed randomized, controlled trials with clinical outcomes, validated laboratory endpoints, or both)

INTERNATIONAL ANTIVIRAL SOCIETY-USA (IAS-USA) GUIDELINES[2]

"Long-acting injectable cabotegravir (pending approval by regulatory agencies and availability) is recommended as PrEP for cisgender men and transgender women who have sex with men (evidence rating: AIa); injections are to be provided at 8-week intervals with 600 mg administered intramuscularly after an initial 4-week interval separating the first 2 injections (evidence rating: AIa†). An oral lead-in period to establish tolerability is optional (evidence rating: BIb)."

"Interim Guidance on Monitoring for Injectable Cabotegravir as Preexposure Prophylaxis (PrEP)

- Intramuscular gluteal injections with 600mg of cabotegravir every 8 weeks after an initial 4-week interval between the first 2 injections (evidence rating: AIb)
- Rapid point-of-care HIV testing should be done on the day of each injection prior to the provision of the injection; the combined antibody and antigen test should be performed and sent to the laboratory but injections should not be delayed pending the results (evidence rating: AIb)
- If an injection is missed, resume as soon as possible after HIV testing results are available (same algorithm as above; evidence rating: AIb)
- If an injection is 8 or more weeks late from its due date after HIV testing results are available, the first 2 injections should again be separated by 4 weeks before returning to the 8-week interval (evidence rating: AIb)
- Sexually transmitted infection testing as with oral PrEP but every 4 months (every second injection) (evidence rating: AIIa)
- Liver enzyme tests should be administered every 6 months (evidence rating: BIb)
- For discontinuation of injectable PrEP if an individual is still at risk for HIV infection, the patient should transition to another recommended PrEP regimen (evidence rating: AIII)

- If seroconversion occurs, acquire genotypic testing including for integrase resistance and begin a protease inhibitor or nonnucleoside reverse transcriptase inhibitor–based antiretroviral regimen (evidence rating: BIII)
- Injection site reactions should be managed aggressively with topical and systemic analgesics and hot or cold packs (evidence rating: AIb)"

[a]Strength of recommendation: A (strong panel support); Quality of evidence: Ia (evidence from ≥1 randomized controlled trials published in the peer-reviewed literature); IIa (evidence from cohort or case-control studies published in the peer-reviewed literature); III (based on the panel's analysis of the available evidence)

[b]Strength of recommendation: B (moderate panel support); Quality of evidence; Ib (evidence from ≥1 randomized controlled trials presented at peer-reviewed scientific meetings)

The IAS-USA guidelines do not yet take a position on the role of CAB LA for PrEP in cisgender women.[2]

US PREVENTIVE SERVICES TASK FORCE (USPSTF)[3]

"The USPSTF concludes with high certainty that there is a substantial net benefit from the use of effective antiretroviral therapy to reduce the risk of acquisition of HIV in persons at increased risk of acquiring HIV."

Specifically, the recommendation states that adults and adolescents weighing at least 35 kg (77lbs) and at increased risk of HIV acquisition should be prescribed PrEP, including CAB LA (Grade A).

WORLD HEALTH ORGANIZATION (WHO)[4]

"Long-acting injectable cabotegravir may be offered as an additional prevention choice for people at substantial risk of HIV infection, as part of combination prevention approaches *(conditional recommendation; moderate certainty of evidence)*."

Some information contained in this response is outside the approved Prescribing Information. This response is not intended to offer recommendations for administering this product in a manner inconsistent with its approved labeling.

In order for ViiV Healthcare to monitor the safety of our products, we encourage healthcare professionals to report adverse events or suspected overdoses to the company at 877–844–8872. Please consult the attached Prescribing Information.

This response was developed according to the principles of evidence-based medicine and, therefore, references may not be all-inclusive.

REFERENCES

1. US Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States - 2021 Update. Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf Accessed December 14, 2021.
2. Saag MS, Gandhi RT, Hoy JF, et al. Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2020 Recommendations of the International Antiviral Society-USA Panel. *JAMA*. 2020;324(16):1651-1669. doi:http://dx.doi.org/10.1001/jama.2020.17025.
3. U. S. Preventive Services Task Force. Preexposure Prophylaxis to Prevent Acquisition of HIV: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2023;330(8):736-745. doi:http://dx.doi.org/10.1001/jama.2023.14461.
4. Guidelines on long-acting injectable cabotegravir for HIV prevention. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. Available at: https://www.who.int/publications/i/item/9789240054097. Accessed August 28, 2023.