Abbreviations: CAB LA, long-acting injectable cabotegravir (Apretude); HBV, hepatitis B virus; HSV, herpes simplex virus; IM, intramuscular; ISB, injection site reaction; MSM, men who have sex with men; PrEP, pre-exposure prophylaxis; SC LEN, subcutaneous lenacapavir (Yeztugo); STI, sexually transmitted infection; TAF/FTC, tenofovir alafenamide/emtricitabine (Descovy); TDF/FTC, tenofovir disoproxil fumarate/emtricitabine (Truvada).

insurance and coverage changes.

- including transportation availability.

 Advise on the importance of communicating with the team regarding any
- Confirm the ability to maintain required clinic visit schedule for injections,

PrEP recipient preparations:

- · Schedule follow-up appointments for administration in advance.
- $\boldsymbol{\cdot}$ Ensure that individuals know how to reach the care team if needed.
- Educate about possible adverse effects of LEN and how to manage them.
 - · Educate about the use of oral bridging therapy when appropriate.
- missed doses.

 Plan for treatment continuation during shutdowns or other catastrophic events.
 - injectable PrEP. Implement an appointment–reminder system and make call–backs after
 - preparation and injection techniques. Establish billing protocols for the procurement and administration of
 - Train nurses and other medical care providers regarding proper syringe
 - third-party coverage. Train medical care providers on the protocols for LEN use and monitoring.
 - injectable medications.

 Develop procedures for obtaining prior authorizations for insurance and
 - Assess pharmacy resources and on-site procedures for storage of oral and

Institutional and clinician preparations:

BOX 2: Implementation Strategies for SC LEN as PrEP

a healthcare professional.

- used as an alternative injection site if preferred.

 SC LEN is not appropriate for self-injection and should be administered by
- of ISRs. The preferred site of administration is the abdomen, placing the 2 injections on opposite sides. One injection into each lateral thigh can be
 - possible. Discard solution if not used within ϕ hours. SC LEN injections are administered at a 90° angle to decrease the risk
- decreases discomfort from ISRs. \cdot Once the solution has been drawn into the syringes, administer as soon as
- · Use of ice packs before and after, and analgesics after injections significantly

Preparation and administration:

separate areas)

• Every 6 months (26 weeks), plus or minus 2 weeks, from the date of the last injection: 927 mg (3 mL) LEN by SC injection (two 1.5 mL injections in

Maintenance dose:

- · Day 2: 600 mg LEN orally (two 300 mg tablets)
 - plus 600 mg LEN orally (two 300 mg tablets)
- · Day 1: 927 mg (3 mL) LEV by SC injection (two 1.5 mL injections in separate areas)

Initiation dose:

excursions permitted at 59° to 86° F. Vials should be kept in their original carton until just before use to protect from light. Do not shake the vial before injection.

- F, in their original packaging.

 SC LEN vials should be stored at room temperature, between 68° and 77° F, with
- . Oral LEM tablets should be stored at room temperature, between 68° and 77°
 - Tablets: 300 mg

(Azni s/r, egueg sz)

· Injection: 463.5 mg/1.5 mL (309 mg/mL) in 2 single-dose vials, 2 vial access devices, 2 disposable syringes, and 2 injection safety needles for SC injection

:boilqqus woH

BOX 1: Dosing, Preparation, and Administration of SC LEN as PrEP



 Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.

This 1/4-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline Interim Guideline on the Use of Twice-Yearly Lenacapavir for HIV Prevention. The full guideline is available at www.hivguidelines.org.

HIV CLINICAL RESOURCE # 1/4-FOLDED GUIDE

VISIT HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE



INTERIM GUIDELINE ON THE USE OF TWICE-YEARLY LENACAPAVIR FOR HIV PREVENTION

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE

JULY 2025

RECOMMENDATIONS

- Clinicians should recommend SC LEN as a preferred PrEP regimen for protection against HIV through sexual exposure for individuals who are willing to receive SC injections every 6 months and have no contraindications or barriers to its use. (A1) For other preferred PrEP regimens, see the NYSDOH AI guideline PrEP to Prevent HIV and Promote Sexual Health.
- Clinicians should discuss potential risks and benefits and engage individuals who are or may become pregnant in shared decision-making when considering SC LEN as PrEP. (A3)
- Clinicians should administer SC LEN as indicated in Box 1: Dosing, Preparation, and Administration of SC LEN as PrEP. (A1)

8-x SELECTED KEY POINTS

- Apply ice packs to the planned injection sites for 10 minutes before injection and use analgesics as needed to decrease discomfort from ISRs.
- \cdot Administer SC LEN injections at a 90° angle to decrease the risk of ISRs.
- The day 2 dose of oral LEN is necessary to assure adequate LEN levels during initiation
- Supplemental doses of SC LEN are recommended for individuals initiating either strong or moderate CYP3A inducers.

All PrEP Regimens	Oral PrEP With TDF/FTC or TAF/FTC	Injectable PrEP With CAB LA	Injectable PrEP With SC LEN
	Bene	efits	
Highly effective when taken as directed May decrease anxiety regarding HIV acquisition Engages sexually active at-risk individuals in care who are then screened regularly for STIs	99% effective in reducing the risk of HIV acquisition when used as prescribed TDF/FTC: Indicated for all sexual and injection exposures TAF/FTC: Indicated for sexual exposures in MSM and in transgender women who have sex with men Single tablet taken daily, or for TDF/FTC can also be taken before and after sex Good safety profiles in people who do not have HIV Minimal adverse effects, most of which resolve quickly or can be managed TDF/FTC appears to be safe for use during attempts to conceive and during pregnancy Treats HBV infection	Statistical superiority to TDF/FTC has been attributed to a lack of adherence to the oral regimen Indicated for all sexual exposures Administered intramuscularly once every 2 months Directly observed therapy Advantageous option when adherence to oral PrEP may be challenged by ongoing substance use or mental health concerns, neurocognitive disorders, difficulty swallowing pills, privacy concerns, or other challenges	Statistical superiority to TDF/FTC has been attributed to a lack of adherence to the oral regimen Indicated for all sexual exposures Administered subcutaneously one every 6 months Directly observed therapy Advantageous option when adherence to oral PrEP may be challenged by ongoing substance use or mental health concerns, neurocognitive disorders, difficul swallowing pills, privacy concerns or other challenges
	Limita	ntions	
Protection correlates with adherence to the dosing schedule No significant protection against STIs other than HIV (some protection against HSV reported in heterosexual populations without HIV)	Requires adherence to the daily administration schedule No data on TAF/FTC for individuals who inject drugs Requires planning and adherence when TDF/FTC is dosed on demand Requires additional monitoring in individuals with chronic HBV infection Cost of TAF/FTC (no generic available)	Requires deep IM injection No data for individuals who inject drugs Requires oral medications as bridging therapy when injections are missed Requires ≥6 in−person healthcare visits per year Does not treat HBV infection Not appropriate for individuals with injectable silicone or other fillers in the gluteal area Implementation logistics Cost (no generic available)	Increased risk of long-term impactful medication interaction: Data pending for individuals who inject drugs Requires oral medications as bridging therapy when injections are missed Does not treat HBV infection Implementation logistics Cost (no generic available)
	Ris	ks	
 Potential for delayed detection of HIV infection using standard HIV testing algorithms Continued use after undiagnosed HIV infection may result in development of drug-resistant virus 	Safety concerns for individuals with impaired kidney function Compared with TAF, TDF may be associated with reversible decreases in bone density	 Potential ISRs and other adverse events, including pyrexia Long tail phase once treatment is discontinued Potential for breakthrough infections despite on-time injections 	 ISRs are common (nodules, pain, and erythema at injection site) Long tail phase once treatment is discontinued Potential for breakthrough infections despite on-time injections