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# GUIDELINES ON LONG-ACTING INJECTABLE CABOTEGRAVIR FOR HIV PREVENTION

**WEB ANNEX C.** SYSTEMATIC REVIEW OF THE VALUES AND  
PREFERENCES REGARDING THE USE OF INJECTABLE  
PRE-EXPOSURE PROPHYLAXIS, INCLUDING LONG-ACTING  
INJECTABLE CABOTEGRAVIR, TO PREVENT HIV INFECTION

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## Abstract

**Background:** Pre-exposure prophylaxis (PrEP) is an important tool in preventing HIV transmission. Two randomized trials recently provided evidence of the efficacy of long-acting injectable cabotegravir (CAB-LA) as PrEP. Despite the benefit of CAB-LA as an additional PrEP option for populations at substantial risk, it is important to understand community response to injectable PrEP before formal recommendations are made. Our objective was to conduct a systematic review of end-user and community member values, preferences, and perceptions of acceptability related to injectable PrEP to inform clinical guidance and global policy.

**Methods:** We conducted a systematic review on values and preferences for injectable PrEP in accordance with PRISMA guidelines. This review is a companion to a separate review and meta-analysis on the safety, efficacy, and cost-effectiveness of CAB-LA as PrEP. We conducted a two-stage review process to assess references against eligibility criteria. Data from included studies was extracted and organized by acceptability constructs: affective attitude, burden, ethicality, intervention coherence, opportunity costs, perceived effectiveness, and self-efficacy.

**Results:** We identified 99 articles meeting inclusion criteria: 38 were included in our rapid extraction and 61 were included in a more detailed extraction with results organized per the acceptability framework. Most studies were observational, cross-sectional, and qualitative in terms of design. More than half of studies were conducted in North America, and men who have sex with men were the most researched respondent group. Most studies examined injectable PrEP generally, including hypothetical injectables or placebo products; six studies examined CAB-LA specifically. Regarding affective attitude, there was overall interest in and preference for injectable PrEP, though there was notable variation within and across groups and regions. Injectable PrEP presents an opportunity to address adherence related challenges associated with daily or on-demand dosing required for oral PrEP and may be a better lifestyle fit for individuals seeking privacy, discretion, and infrequent dosing. However, end-users reported concerns related to fear of needles, injection site pain and location, logistical challenges with regularly attending appointments, and waning or incomplete protection.

**Conclusions:** Taking into consideration the overall preference for and interest in injectable PrEP as well as the heterogeneity in preferences across groups and regions, injectable PrEP should be included as part of a menu of prevention options. However, as with other prevention options, preference for injectable PrEP may shift over time. Future research is necessary to explore enacted preference as more end-users are exposed to ARV-containing injectables rather than placebo or hypothetical products.

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