Operational Insights for Long-Acting Cabotegravir for HIV-1 Pre-exposure Prophylaxis: Findings From the CAPTIVATE United States Healthcare Provider Survey

TUPEC200

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Key Takeaways

- **Long-acting cabotegravir (CAB LA) was successfully implemented across diverse US clinics, with healthcare professionals (HCPs) reporting high acceptability and positive operational experiences**
- **Injection visits for CAB LA delivery were operationally feasible, typically lasting 15 to 30 minutes, and yielded additional benefits such as greater assurance of pre-exposure prophylaxis (PrEP) adherence (89%), more frequent STI testing (72%), and improved ability to address other care needs (61%)**
- **Prescribers identified coverage and reimbursement as key implementation considerations, alongside the preferences of individuals using PrEP**

Plain Language Summary

- Long-acting cabotegravir (CAB LA) is an injectable HIV prevention medicine given every 2 months. Unlike daily pills, it offers a different option for people who want protection from HIV. The CAPTIVATE study asked healthcare professionals (HCPs) at 18 US clinics about their real-world experiences offering CAB LA to their patients
- HCPs reported high satisfaction and found CAB LA workable within their existing clinic routines. Injection visits were brief, typically 15 to 30 minutes, and created added opportunities for STI testing, addressing other health needs, and building stronger patient relationships. Almost all clinics had systems to reach out to patients who missed an injection. No new HIV infections were recorded among people in care using CAB LA
- Overall, CAB LA was viewed positively by HCPs and was successfully incorporated into routine care, supporting its broader use as an HIV prevention option in real-world clinical settings

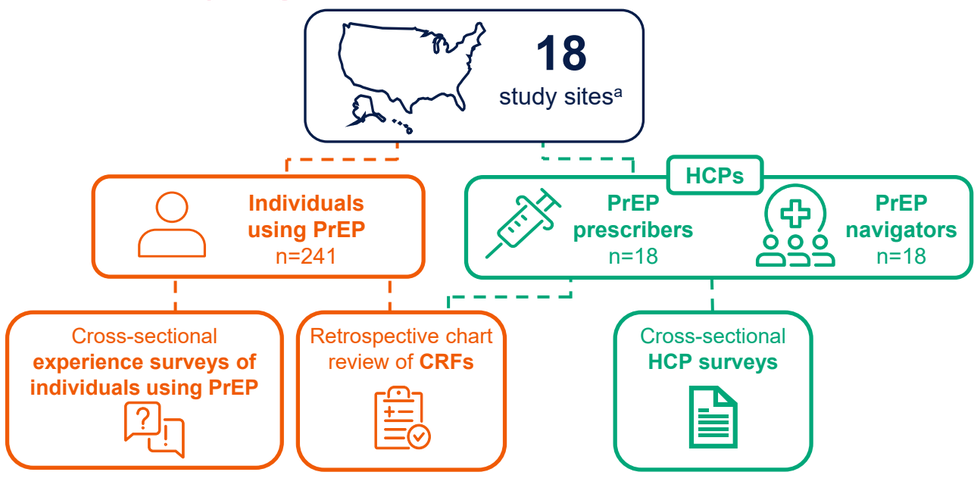
Introduction

- The US Food and Drug Administration approved long-acting cabotegravir (CAB LA) for HIV pre-exposure prophylaxis (PrEP) in 2021[1]; since then, evidence on healthcare professional (HCP) experiences and clinic-level implementation has been accumulating
- While existing data have informed our understanding of CAB LA delivery, gaps remain in characterizing real-world, post-approval implementation across diverse US clinical settings and multidisciplinary care teams, including clinic workflows, medication acquisition pathways, and HCP acceptability
  - Understanding real-world implementation of CAB LA delivery is increasingly important as programs transition from early adoption to scale-up
- The CAPTIVATE study addresses these gaps by capturing cross-sectional, multisite HCP experiences with CAB LA in routine US clinical practice

Methods

- CAPTIVATE was a multisite observational study conducted across 18 US clinics of diverse types using retrospective chart reviews and cross-sectional surveys (November 2024-April 2025; Figure 1)
  - Participants included HCPs as well as individuals using PrEP (see AIDS 2026 Poster #TUPEC177)[2] at each study site
- This analysis included cross-sectional online surveys of HCPs at study sites with experience implementing CAB LA for PrEP
- Survey domains included clinic characteristics, operational practices and preferences for PrEP delivery, appointment workflows, and acceptability
- At each site, 1 HCP closely involved in PrEP care who was not a prescriber (ie, PrEP navigator) as well as a prescribing HCP (ie, prescriber) completed the survey at the time of site activation

Figure 1. CAPTIVATE Study Design



CRF, case report form. The icons in Figure 1 will be used throughout the poster to denote the data source. [a]Of the 18 sites, there were 6 sites in the West region of the US, 5 in the South region, 5 in the Northeast, and 2 in the Midwest.

Results

Baseline Demographics

- Baseline demographics and practice characteristics for prescribers and PrEP navigators are summarized in Tables 1 and 2
  - Prescribers had substantial experience in PrEP care, with most reporting 6-10 years (56%) or more than 10 years (28%) of experience providing care to people who may benefit from PrEP
  - Half (50%) of prescribers were doctors of medicine; 28% were nurse practitioners, 17% were physician assistants, and 6% were doctors of osteopathic medicine
  - PrEP navigators similarly reflected seasoned experience, with 72% reporting 4 or more years of experience involving PrEP care
- Most (78%) prescribers reported that their practice is currently providing HIV PrEP to >200 people, reflecting the high volume and relative experience of these clinics

Table 1. Baseline Demographics of Prescribers and PrEP Navigators

Characteristic, n (%)	Prescribers (n=18)	PrEP navigators (n=18)
Gender identity		
Male/man	12 (67)	6 (33)
Female/woman	6 (33)	11 (61)
Transgender male/man	0	1 (6)
Race[a]		
White	17 (94)	13 (72)
Black or African American	1 (6)	3 (17)
Native American, American Indian, or Alaska Native	1 (6)	0
Asian	0	1 (6)
Race not listed	1 (6)	1 (6)
Prefer not to answer	0	1 (6)

[a]More than 1 response was allowed; categories are therefore not mutually exclusive.

Table 2. Study Site Characteristics

Characteristic, n (%)	Prescribers (n=18)
Practice setting	
Private practice	6 (33)
Community or regional hospital	4 (22)
University- or medical school-based hospital	3 (17)
Small group or individual practice	2 (11)
Other	3 (17)
Practice affiliation[a]	
Ryan White–funded clinic	6 (33)
Federally qualified health center (FQHC)	4 (22)
Other or unlisted	8 (44)
Individuals using PrEP currently served[a]	
51-100	1 (6)
101-200	3 (17)
>200	14 (78)

[a]Due to rounding, total percentage may equal less than 100.

Practice Adoption and Acceptability of CAB LA

- 39% of prescribers reported that their practice currently provides 101-200 individuals with CAB LA
  - More than half of prescribers (56%) reported capacity to support >200 individuals using CAB LA on an ongoing basis, with personnel constraints being the most-reported factor affecting this limit (50%), rather than operational complexity
- Injection visits for CAB LA were time-efficient, with half of prescribers reporting total visit durations of 15 to 30 minutes (Figure 2) and direct time with the prescribing HCP typically ≤10 minutes (Figure 3)

Figure 2. Total Injection Visit Duration Reported by Prescribers (n=18)

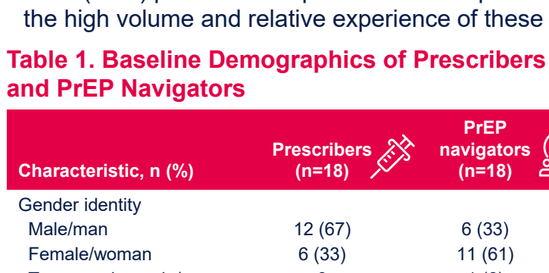
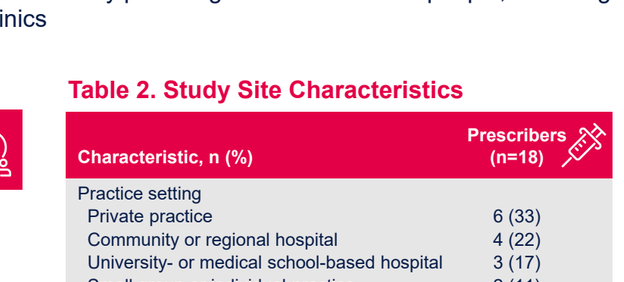
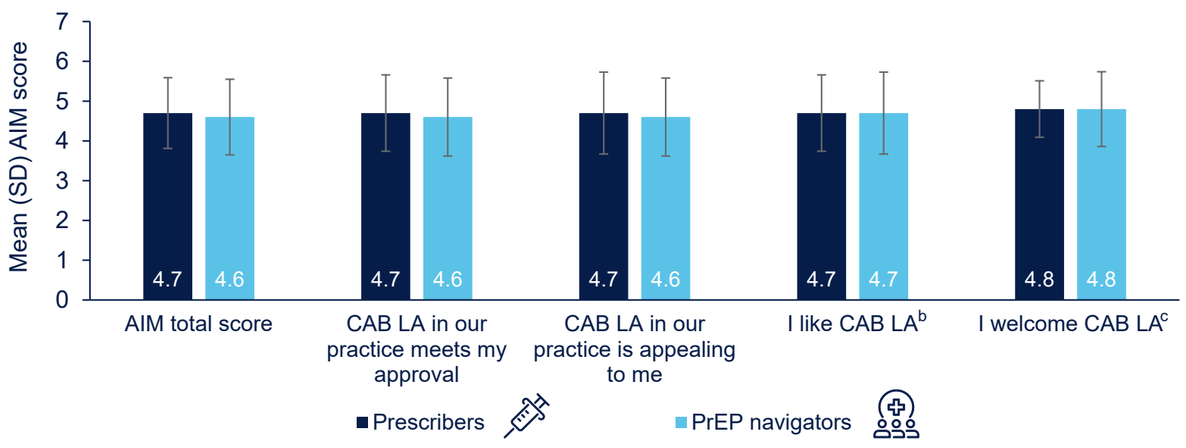


Figure 3. Time Spent With the Prescribing HCP per Injection Visit (n=18)



- Acceptability of CAB LA was high among prescribers and PrEP navigators as measured by AIM scores (Figure 4); additionally, 89% (16/18) of prescribers and navigators each reported an extremely or somewhat positive overall opinion of administering CAB LA

Figure 4. Acceptability of CAB LA Among Prescribers (n=18) and PrEP Navigators (n=18; AIM Scores)[a]



AIM, Acceptability of Intervention Measures. [a]Maximum score = 5; minimum score = 1. [b]The full statement was "I like CAB LA for people who may benefit from PrEP in our practice" for prescribers and "I like CAB LA as someone who is highly involved in PrEP care" for PrEP navigators. [c]The full statement was "I welcome CAB LA for people who may benefit from PrEP in our practice" for prescribers and "I welcome CAB LA as someone highly involved in PrEP care" for PrEP navigators.

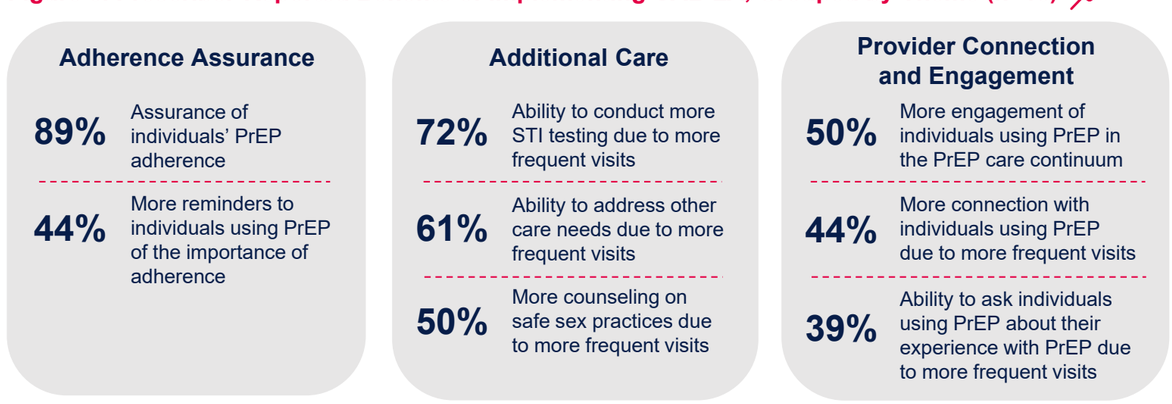
Reasons for CAB LA Initiation

- Reasons recorded by HCPs and reported by individuals using PrEP for initiating CAB LA centered on adherence and convenience, with user request and ease of adherence most frequently cited by HCPs (19% each), and ease of adherence and/or convenience most frequently reported by individuals using PrEP (43%)
- Further details on the experience and perspective of individuals using PrEP are available in AIDS 2026 Poster #TUPEC177[2]

Benefits of Implementing CAB LA

- Prescribers reported wide-ranging benefits of implementing CAB LA at their practice; in addition to no incident HIV acquisitions recorded in the CRF, benefits spanned 3 key themes: adherence assurance (up to 89%), additional care opportunities created by more frequent visits (up to 72%), and deeper provider connection and engagement with individuals using PrEP (up to 50%; Figure 5)

Figure 5. Prescriber-Reported Benefits of Implementing CAB LA, Grouped by Theme (n=18)



Activity Surrounding CAB LA Delivery

- As reported by PrEP navigators, almost all (94%) practices have established systems to support injection adherence, including appointment reminders, tracking of missed injection appointments, and follow-ups by site staff after missed appointments
  - Of these practices, 100% implement a manual review of patient records to track injection visits
- Most (72%) PrEP navigators reported that their practice offered adherence intervention (eg, counseling) to individuals using CAB LA who miss injection appointments (Figure 6)
- Overall, 85% of participants did not miss any CAB LA continuation injections, indicating that few study participants missed injections

Figure 6. Actions Taken by Practices After a Missed Injection Appointment[a] (n=18)

[a]More than 1 response was allowed; these categories are therefore not mutually exclusive.

Barriers to Implementation or Uptake of CAB LA

- Prescriber concerns centered largely on **anticipated financial barriers**: insurance coverage of CAB LA (67%), lab work coverage (56%), and reimbursement (56%)
  - For CAB LA acquisition, one-half of the practices used a specialty pharmacy model, 44% used a mix of specialty pharmacy and buy-and-bill, and 6% relied solely on buy-and-bill
  - Among those using both models, 63% preferred the specialty pharmacy approach
- In contrast, operational and clinical factors, such as oral lead-in or oral bridging management (0%), re-initiation scheduling after missed injections (0%), availability of exam rooms for injections (11%), and scheduling appointments during the dosing window (11%) were not widely perceived as concerning
- Despite the clinical benefits and capacity reported by HCPs, CAPTIVATE also sought to characterize reasons eligible individuals may not initiate CAB LA, as generally recalled by prescribers and PrEP navigators from their clinical experience[a]
  - **Preference-based barriers** were most commonly reported, including satisfaction with daily oral PrEP (prescribers: 89%; navigators: 72%), fear of needles (78%; 89%), general aversion to injections (78%; 67%), and concerns about pain from injections (67%; 78%), suggesting some individuals prefer options that are not an LAI, reinforcing the importance of shared clinical decision-making
  - **Access-related barriers** were also noted, including medication cost or access issues (78%; 56%) and difficulty fitting injection visits into their schedule (72%; 61%)

[a]Reasons reported by >50% of HCPs in either category are included.

Conclusions

- Across diverse US clinics, HCPs successfully integrated CAB LA into existing workflows, staffing, and processes, demonstrating that routine, real-world implementation is achievable
- Routine CAB LA visits create opportunities for STI testing, adherence support, and addressing other care needs, reinforcing the value of CAB LA within the broader PrEP care continuum
- Insurance coverage and reimbursement remain the most-cited barriers for CAB LA implementation, potentially limiting access to a USPSTF Grade A-recommended prevention strategy[3]
- Achieving the goals of Ending the HIV Epidemic in the US requires that HCPs and individuals who may benefit from PrEP have confidence that all guideline-recommended PrEP options, including CAB LA, are accessible and covered[4]
  - CAPTIVATE findings demonstrate the readiness of real-world practices to deliver CAB LA; to fully expand access, systemic and financial barriers highlighted in this study must be addressed

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References: 1. Apretude [prescribing information]. ViiV Healthcare; 2025. **2.** Brizzi et al. AIDS 2026; Rio de Janeiro, Brazil. Poster TUPEC177. **3.** US Preventive Services Task Force. *JAMA*. 2023;330:736-745. **4.** United States Centers for Disease Control and Prevention. https://stacks.cdc.gov/view/cdc/112360. Accessed June 25, 2026.

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