# Real-world Experience Using Cabotegravir Long-Acting for HIV-1 Pre-exposure Prophylaxis in the United States From Cross-sectional Surveys and Retrospective Chart Reviews: Results From the CAPTIVATE Study

TUPEC177

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**Marisa Brizzi,[1] Aimee A. Metzner,[2] Cornelius Van Dam,[3] Jeffrey M. Birnbaum,[4] Christina Harbison,[5] Diana Garbinsky,[6] Kelli A. Cole,[2] Kimberly Boyle,[6] Maria Reynolds,[6] Bintu Sherif,[6] David Richardson,[6] Robert Morris,[2] Heidi Swygard,[2] Meg Sullivan,[2] Laurie Zografos[6]**

*[1]UC Health, Cincinnati, OH, USA; [2]ViiV Healthcare, Durham, NC, USA; [3]Cone Health Regional Center for Infectious Disease, Greensboro, NC, USA; [4]SUNY Downstate Health Sciences University, Brooklyn, NY, USA; [5]Prism Health North Texas, Dallas, TX, USA; [6]RTI Health Solutions, Durham, NC, USA*

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## Key Takeaways

- **In a real-world US study of 241 individuals with experience on long-acting cabotegravir (CAB LA), no HIV acquisitions were observed, with high satisfaction (99%) and strong preference over oral pre-exposure prophylaxis (PrEP, 97%)**
- **Greater perceived ease of adherence was the most frequently reported driver of uptake and continuation of CAB LA, followed by higher effectiveness compared with daily oral PrEP**
- **Individuals using PrEP reported CAB LA benefits beyond HIV prevention, including high perceived protection from HIV (99%), reduced worry about HIV (99%), improvements in control over life (91%), and focus on sexual health (91%); routine injection visits also provide opportunity for preventive care engagement, including STI screening (95%)**

## Plain Language Summary

- Long-acting cabotegravir (CAB LA) is an injectable HIV prevention medicine given every 2 months. The CAPTIVATE study looked at real-world experiences of 241 people using CAB LA for HIV prevention across 18 US clinics
- People using CAB LA reported very high satisfaction, with 97% preferring injections over a daily pill. Ease of adherence and superior effectiveness were the top reasons for choosing CAB LA
- Appointments were brief, typically under 30 minutes, and created added opportunities for STI testing, vaccinations, and other health screenings. No new HIV infections were reported during the study
- Overall, CAB LA was highly preferred by people using it for HIV prevention and fit well into their daily lives, supporting its value as an effective, real-world HIV prevention option

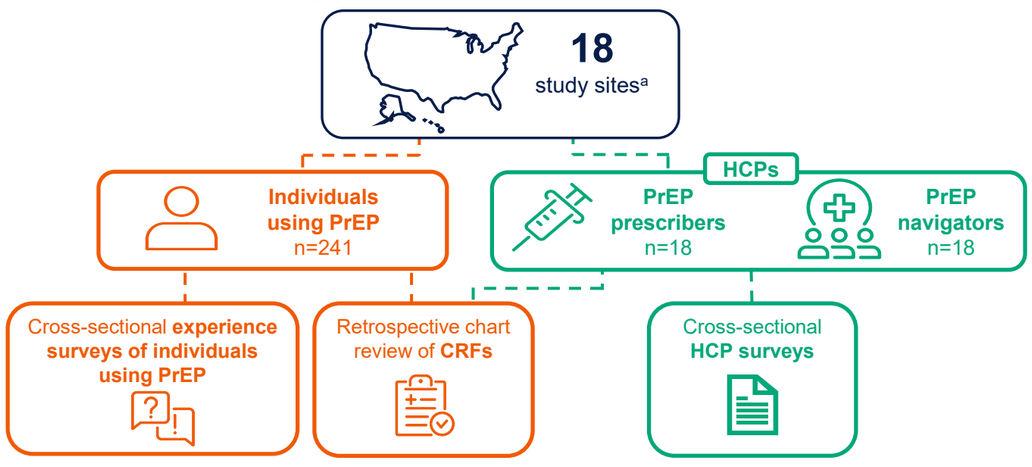
## Introduction

- The United States Food and Drug Administration approved long-acting cabotegravir (CAB LA) for HIV pre-exposure prophylaxis (PrEP) in 2021[1]
- Understanding the real-world experiences of individuals using PrEP is vital to optimizing HIV preventive care in clinical practice
- Here, we report the perspectives of individuals using CAB LA from the CAPTIVATE study, highlighting benefits of use, factors influencing PrEP choice, and preference

## Methods

- CAPTIVATE was a multisite observational study conducted across 18 US sites using retrospective chart reviews and cross-sectional surveys (November 2024-April 2025; Figure 1)
  - Participants included healthcare professionals (HCPs, see AIDS 2026 Poster #TUPEC200)[2] as well as individuals using PrEP at each study site
- This analysis included cross-sectional experience surveys and retrospective chart reviews via case report forms (CRFs) of individuals using PrEP with CAB LA experience across study sites
- Participants were ≥18 years old, had received their most recent CAB LA injection within the last 6 months, had ≥6 months of follow-up after CAB LA initiation, and could speak, read, and understand English or Spanish

### 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

- The median (range) age among 241 individuals using PrEP was 36 (19-72) years (Table 1)
  - Most participants were male (76%); approximately half were White (54%), while nearly one-third (29%) were Black or African American
- Over two-thirds (70%) of participants switched from oral PrEP at CAB LA initiation, with a mean prior time on PrEP of 23 months (SD: 22 months)
- CAB LA was most often covered under the pharmacy benefit (47%) and received at the prescribing HCPs clinic (91%)

### Table 1. Baseline Demographics

| Characteristic, n (%) | Individuals using PrEP (N=241) |
|---|---|
| Age, median (range), y[a] | 36 (19-72) |
| Gender identity[b] | |
| Male/man | 184 (76) |
| Female/woman | 20 (8) |
| Transgender female/woman | 15 (6) |
| Transgender male/man | 9 (4) |
| Nonbinary | 8 (3) |
| Gender nonconforming | 4 (2) |
| Gender identity not listed | 1 (<1) |
| Race[b,c] | |
| White | 130 (54) |
| Black or African American | 69 (29) |
| Native American, American Indian, or Alaska Native | 14 (6) |
| Asian | 10 (4) |
| Middle Eastern or North African | 7 (3) |
| Native Hawaiian or Pacific Islander | 1 (<1) |
| Race not listed | 17 (7) |
| Prefer not to answer | 12 (5) |
| PrEP history before CAB LA initiation[a,d] | |
| Switching from oral PrEP at CAB LA initiation | 169 (70) |
| Naive to PrEP | 40 (17) |
| Previously using oral PrEP but not using PrEP at CAB LA initiation | 21 (9) |
| Unknown | 11 (5) |

[a]Data from retrospective chart review of CRFs. [b]Data from cross-sectional experience surveys of individuals using PrEP. [c]More than 1 response was allowed; categories are therefore not mutually exclusive. [d]Due to rounding, total percentage may equal greater than 100.

### Reasons for CAB LA Initiation

- Individuals using PrEP reported several possible reasons for needing HIV prevention within the 6 months before CAB LA initiation (Table 2)

### Table 2. Characteristics of Individuals Using PrEP Before CAB LA Initiation

| In the past 6 months before CAB LA initiation, participants had…, n (%)[a] | Individuals using PrEP (N=241) |
|---|---|
| Number of sex partners, mean (SD) | 8 (12) |
| Been diagnosed with an STI such as chlamydia, syphilis, or gonorrhea | 57 (24) |
| A sex partner or partner(s) with unknown HIV status | 37 (15) |
| Used drugs that were not injected to enhance partying or sex[b] | 26 (11) |
| A sex partner or partner(s) with HIV with an unknown or detectable viral load | 18 (8) |
| Been given something such as money, drugs, food, or shelter in exchange for sex | 13 (5) |
| Injected drugs that were not prescribed to them | 13 (5) |

[a]Unless otherwise indicated. [b]For example, ChemSex or Party n Play by taking drugs by mouth or smoking.

- Reasons that individuals using PrEP indicated for initiating CAB LA are summarized in Figures 2-4, as recorded by HCPs in the CRF (Figure 2) and self-reported by individuals using PrEP in the questionnaire (Figure 3), along with self-reported reasons for staying on CAB LA (Figure 4)
  - Over three-quarters (77%) of participants shared that the first time they were tested for HIV, they brought up the need for testing to their HCP, and over half (57%) stated they first mentioned PrEP as an HIV prevention option to their prescriber; in contrast, most (63%) participants reported that their HCP started the conversation around initiating CAB LA

### Figure 2. Reasons for Initiating CAB LA (as Opposed to Oral PrEP or Continuing Oral PrEP) Per CRF (N=241)

| Primary reason[a] | | Secondary reason[b,c] | |
|---|---|---|---|
| 19% | "CAB LA was more convenient/easier for PrEP user to adhere to" | 34% | "PrEP user didn't want to take pills" |
| 19% | "PrEP user request" | 23% | "CAB LA was more convenient/easier for PrEP user to adhere to" |
| 17% | "PrEP user preferred an injection" | 23% | "PrEP user preferred an injection" |
| 10% | "PrEP user liked that CAB LA was shown to be superior at reducing the risk of getting HIV compared to once-daily Truvada (TDF/FTC)" | 16% | "PrEP user request" |
| 10% | "PrEP user experienced side effects on oral PrEP" | 10% | "Pill fatigue" |

TDF/FTC, tenofovir disoproxil fumarate/emtricitabine. [a]Individuals selected 1 primary reason. Responses from ≥10% of participants are reported. [b]More than 1 response was allowed; categories are therefore not mutually exclusive. Responses from ≥10% of participants are reported. "Other reason not listed" = 13%. [c]Secondary reasons are calculated from total N minus the number of individuals who selected the response as their primary reason.

### Figure 3. Reasons Reported by Individuals Using PrEP for Initiating CAB LA (N=241)

| Primary reason[a] | |
|---|---|
| 43% | "I felt like CAB LA would be more convenient than taking PrEP by mouth/easier to keep up with CAB LA injections as prescribed" |
| 14% | "I liked that CAB LA was shown to be superior at reducing the risk of getting HIV compared to once-daily TDF/FTC" |
| 11% | "I preferred an injection to taking PrEP by mouth/I didn't want to take pills" |

| Secondary reason[b,c] | |
|---|---|
| 61% | "I felt like CAB LA would be more convenient than taking PrEP by mouth/easier to keep up with CAB LA injections as prescribed" |
| 43% | "I liked that CAB LA was shown to be superior at reducing the risk of getting HIV compared to once-daily TDF/FTC" |
| 41% | "I preferred an injection to taking PrEP by mouth/I didn't want to take pills" |
| 35% | "My healthcare professional recommended CAB LA because it was shown to be superior at reducing the risk of getting HIV compared to once-daily TDF/FTC" |
| 35% | "I worry about trying to remember to take PrEP by mouth (adherence anxiety)" |
| 33% | "I am tired of taking pills and want to avoid any or more pills (pill fatigue)" |

TDF/FTC, tenofovir disoproxil fumarate/emtricitabine. [a]Individuals selected 1 primary reason. Responses from ≥10% of participants are reported. [b]More than 1 response was allowed; categories are therefore not mutually exclusive. Responses from ≥30% of participants are reported. [c]Secondary reasons are calculated from total N minus the number of individuals who selected the response as their primary reason.

### Figure 4. Reasons Reported by Individuals Using PrEP for Staying on CAB LA (n=236)

| Primary reason[a] | |
|---|---|
| 45% | "I feel CAB LA is more convenient than taking PrEP by mouth/it is easier to keep up with CAB LA injections as prescribed" |
| 20% | "I like that CAB LA was shown to be superior at reducing the risk of getting HIV compared to once-daily TDF/FTC" |
| 11% | "I prefer an injection to taking PrEP by mouth/I don't want to take pills" |

| Secondary reason[b,c] | |
|---|---|
| 54% | "I feel CAB LA is more convenient than taking PrEP by mouth/it is easier to keep up with CAB LA injections as prescribed" |
| 50% | "I am less worried about getting HIV because I use CAB LA" |
| 49% | "I prefer an injection to taking PrEP by mouth/I don't want to take pills" |
| 46% | "I feel protected from HIV because I use CAB LA" |
| 45% | "I don't worry about missing a PrEP dose (lack of adherence anxiety)" |
| 44% | "I like that CAB LA was shown to be superior at reducing the risk of getting HIV compared to once-daily TDF/FTC" |
| 34% | "CAB LA allows me to focus more on my sexual health" |
| 34% | "CAB LA allows me to be more in control of my life" |

TDF/FTC, tenofovir disoproxil fumarate/emtricitabine. [a]Individuals selected 1 primary reason. Responses from ≥10% of participants are reported. [b]More than 1 response was allowed; categories are therefore not mutually exclusive. Responses from ≥30% of participants are reported. [c]Secondary reasons are calculated from total N minus the number of individuals who selected the response as their primary reason.

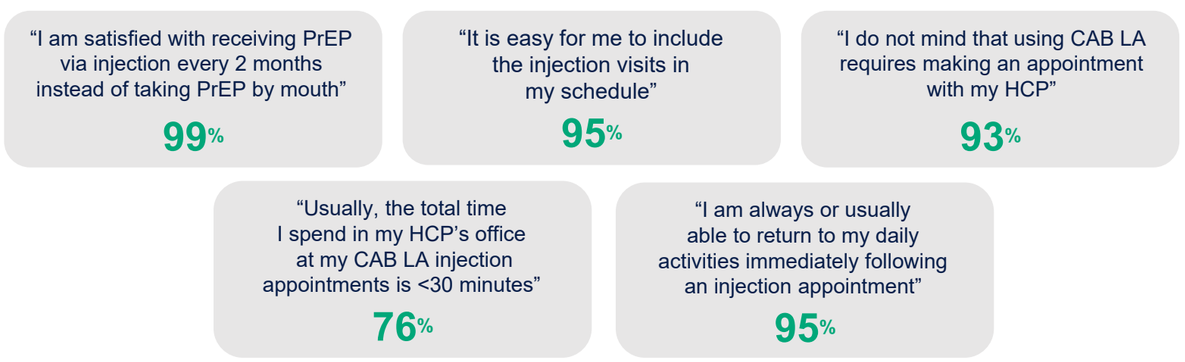
### Continuation of CAB LA

- No incident HIV diagnoses were reported during the study period
- All (N=241) individuals using PrEP continued to receive CAB LA injections after initiation injection
  - Participants received a mean (SD) of 10 (4) total injections, including initiation and continuation injections; of 238 second initiation and 1997 continuation injections, 92% and 82% were given during the target dosing window
  - Almost all (98%, n=235/241) participants continued on CAB LA at study enrollment
  - Of 6 discontinuations noted in the CRF, 4 had documented reasons (citing side effects, excluding injection site reactions [n=1], not wanting to receive an injection [n=1], or other reasons [n=2]). One individual discontinued PrEP altogether, 2 switched to once-daily tenofovir/emtricitabine (TAF/FTC), and 1 switched to once-daily TDF/FTC; all 3 who switched to an oral regimen remained on that option at the time of data collection
  - Of the 5 discontinuations reported by participants, all agreed/strongly agreed they would consider using CAB LA again for future PrEP needs. Primary reasons for discontinuation from the participant questionnaire were (n=1 each): side effects not including injection discomfort, injection discomfort, recommendation from HCP, no longer had a need for PrEP, and medication cost/access issues
  - Observed discrepancies between HCP and patient responses may reflect differences in perspective, recall, and context, as well as the use of subjective self-reporting vs clinically informed assessment
- As a result of the every-2-month appointments for CAB LA injections, individuals using PrEP received STI screenings (95%), blood pressure testing (76%), preventative vaccinations (51%), hepatitis C testing (44%), mental health screenings (39%), blood sugar testing (32%), and substance use disorder screening (27%; results shown inclusive of care reported in at least 25% of participants)

### Experiences With CAB LA

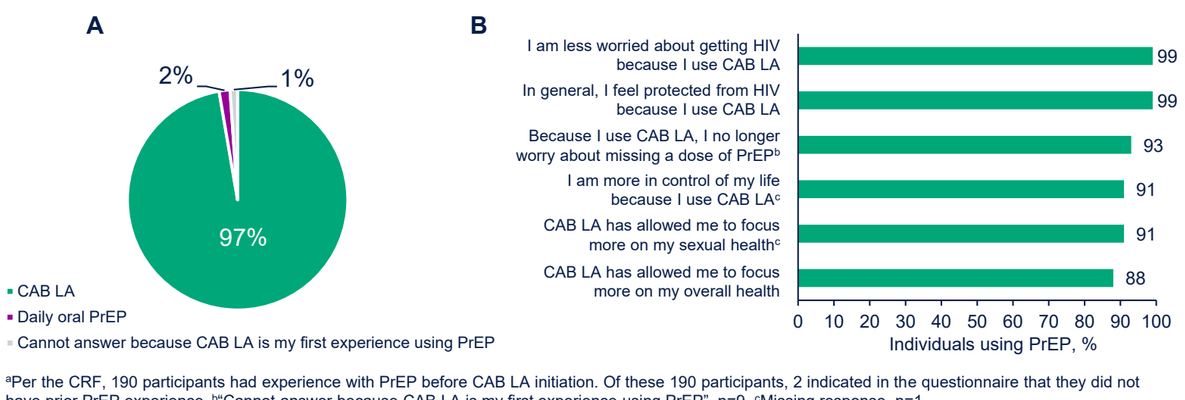
- Individuals using PrEP generally reported high satisfaction and convenience associated with receiving CAB LA injections (Figure 5)

### Figure 5. Experiences Reported by Individuals Using CAB LA for PrEP (N=241)




- Individuals using PrEP reported positive experiences using CAB LA (Figure 6)
  - Among individuals with prior PrEP experience, almost all (97%, n=185/190) preferred CAB LA for PrEP

### Figure 6. Questionnaire Responses From Individuals Using PrEP Regarding CAB LA (A) Preference (n=190[a]) and (B) Experience (N=241)




[a]Per the CRF, 190 participants had experience with PrEP before CAB LA initiation. Of these 190 participants, 2 indicated in the questionnaire that they did not have prior PrEP experience. [b]"Cannot answer because CAB LA is my first experience using PrEP", n=9. [c]Missing response, n=1.

## Conclusions

- Results from the CAPTIVATE study bolster existing evidence supporting CAB LA as an effective, well-tolerated, preferred option for HIV PrEP; no incident HIV acquisitions were reported during the study
- Individuals using PrEP reported high perceived convenience of receiving CAB LA injections 6 times per year, opportunities for additional health services during injection appointments, a greater sense of control in their lives, and increased freedom to focus on other aspects of their health without the worry of acquiring HIV
  - These findings centered on the experiences of individuals who use PrEP highlight the value of CAB LA as part of a comprehensive, individualized approach to HIV prevention

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**References: 1.** Apretude [prescribing information]. ViiV Healthcare; 2025. **2.** Visnyei et al. AIDS 2026; Rio de Janeiro, Brazil. Poster TUPEC200.



**Presenting author:** Marisa Brizzi; marisa.brizzi@uchealth.com

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