

Bringing Long-Acting Injectables to the Clinic: Insights from Early Adopters Webinar

We will begin shortly...



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Please utilize the Q&A Function to submit any questions you may have



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Bringing Long-Acting Injectables to the Clinic: Insights from Early Adopters Webinar



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Tuesday, May 19, 2026

Bringing Long-Acting Injectables to the Clinic: Insights from Early Adopters Webinar



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Tuesday, May 19, 2026

Agenda

May 19 • 7:00 - 8:15 PM ET

1

Overview of LAIs

2

Getting Started

3

Workflow
Considerations

4

Scale Up Solutions

- Please use the Q&A function to submit comments and questions throughout the Webinar

You have been invited to this medical webinar because you've requested information on this topic from ViiV Healthcare. Dr. Aloysius & Dr. Urbina are being compensated by ViiV Healthcare for their time in delivering this presentation.

CAB + RPV LA: Highly efficacious with long-term durability in people with HIV, including under-represented populations

ROBUST CLINICAL DEVELOPMENT AND PH III/IV PROGRAM

CONSISTENT EFFECTIVENESS IN REAL-WORLD EVIDENCE



VOLITION 11M

CROI 2026

High efficacy in early switch,
with low rates of CVF with resistance¹



SOLAR 12M, CARES 96W

Non-inferiority vs oral ART,
including BIC/FTC/TAF^{2,3}



ATLAS-2M 152W, LATTE-2 256W

Long-term durability up to 5 years,
with high rates of virologic suppression^{4,5}



IMPALA 48W

Non-inferiority vs INSTI-based ART
in people with suboptimal HIV control⁶



LATITUDE 48W

Superiority vs oral ART
in people with barriers to adherence⁷



MOCHA 96W

CROI 2026

High virologic suppression and strong preference
among adolescents with HIV⁸

Meta-analysis of published RWE at Month 12*⁹

27 studies, encompassing 7,687 virologically suppressed (VL <50 c/mL) people with HIV receiving CAB + RPV LA for 12 months



93% virologic suppression

maintained after switching to CAB + RPV LA
(N=1,708 people with HIV across six studies; 95% CI: 88.7, 96.9)



0.3% resistance at failure

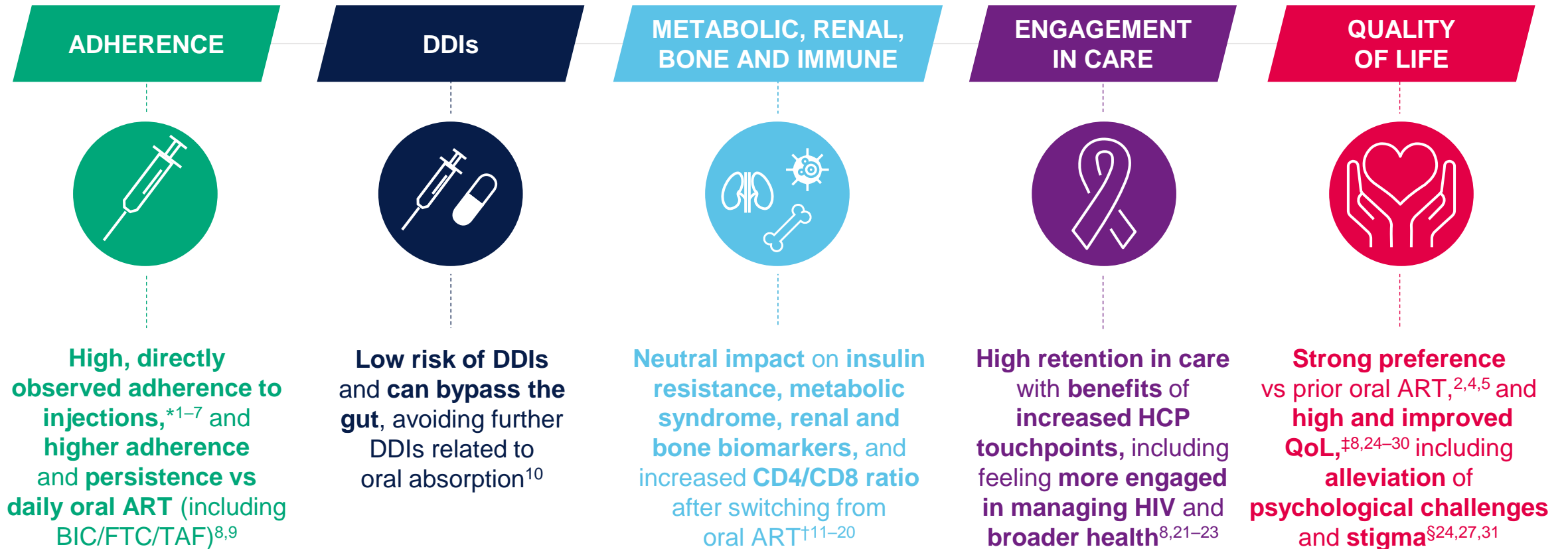
with overall low virologic failure rate
(N=1,003 people with HIV across five studies; 95% CI: 0.0, 1.2)

✓ **Most common Grades 1 to 4 AEs** in ≥2% participants in label: ISRs, pyrexia, fatigue, headache, musculoskeletal pain, nausea, sleep disorders, dizziness, and rash

*Results presented in the meta-analysis reflect estimates calculated using a random-effects model, and number of studies included for each endpoint varied due to differing timepoints and endpoint definitions. **BIC**, bicitegravir; **CAB**, cabotegravir; **CI**, confidence interval; **CVF**, confirmed virologic failure; **FTC**, emtricitabine; **M**, month; **RPV**, rilpivirine; **RWE**, real-world evidence; **TAF**, tenofovir alafenamide; **VL**, viral load; **W**, week

1. Rolle CP, et al. CROI 2026. Poster 525; 2. Ramgopal MN, et al. Lancet HIV 2023;10:e566-77
3. Kityo C, et al. Nat Med 2026;32:168-77; 4. Overton ET, et al. Clin Infect Dis 2023;76:1646-54
5. Smith G, et al. Open Forum Infect Dis 2021;8:ofab439; 6. Cresswell FV, et al. IAS 2025. Oral OAB0106LB
7. Rana AI, et al. N Engl J Med 2026 Feb 26;394(9):858-871; 8. Gaur A, et al. CROI 2026. Oral 155
9. Orkin C, et al. EACS 2025. Poster eP103

CAB + RPV LA: Additional benefits beyond virologic suppression are consistently reported in RCTs and RWE



*HCP-reported adherence in RCTs: ATLAS-2M Week 48: 98% (n=3,719);¹ SOLAR Month 12: 93% (n=2,527);² CARISEL Month 12: 93% (n=2,376);³ CARES Week 48: 96% (n=1,758);⁴ HCP-reported adherence in RWE: CARLOS Month 24: 94% (n=3,676);⁵ BEYOND Month 24: 89% (n=2,509);⁶ †BL vs 7 months: CrCl (Cockcroft-Gault) [90.9 mL/min (IQR: 78.2–101.6) vs 99.1 mL/min (IQR: 85.1–110.3); p=0.0001, respectively]¹⁶ ‡HIV-specific PozQoL [score range 13–65], and EQ-5D-5L-US [score range 0–1];⁸ perception of own quality of life changes (greater or better) at Month 6 vs BL after switching to CAB + RPV LA; HIVDQoL score 88% vs 33% (p=0.01), respectively;²⁶ HIVTSQs: Increased scores in all items, with therapy satisfaction reaching 5.9/6.0 at Month 13²⁶ §Switching to CAB + RPV LA helps reduce efforts to keep HIV status disclosed; HSS score at BL vs Month 6: 87.5% vs 33% (p=0.009), respectively²⁶
CrCl, creatinine clearance; HCP, healthcare professional; HIVDQoL, HIV dependent quality of life; HSS, HIV stigma scale; RCT, randomised controlled trial

Benefits of CAB LA for HIV PrEP

EFFECTIVENESS



>99% effectiveness for HIV prevention in **over 4 years** of real-world data in **diverse populations**,^{7-12, 21-23} including data on **pregnancy outcomes**.^{6, 24-26}

DDIs and ISRs



Low DDI risk;^{5,27} injections were generally **well tolerated** and acceptable, with **few discontinuations due to ISRs** in trials.^{1,2,14}

ENGAGEMENT IN CARE



More frequent HCP **touchpoints** associated with **increased STI screening**,^{13,16,19} vaccination uptake, and delivery of other healthcare services.^{13,15,16,18,20}

PATIENT EXPERIENCE



Users report **reduction** in PrEP-related **stigma and anxiety**,¹⁷ **better relationship** with HCP²⁰, **overall satisfaction** with CAB LA choice.^{29, 30}

ADHERENCE AND PERSISTENCE



High rates of adherence and persistence in real world experience^{7,23,28,31}

CAB LA PrEP: Choice and Switching Patterns Facilitate Optimal Access

Who chooses CAB LA?¹⁻¹¹



Reasons for choosing or switching to CAB LA^{3,4,6-8,12-18}



43-54% of CAB LA PrEP users were PrEP naïve,^{7,11} expanding the number of people who COULD benefit from PrEP now receiving IT

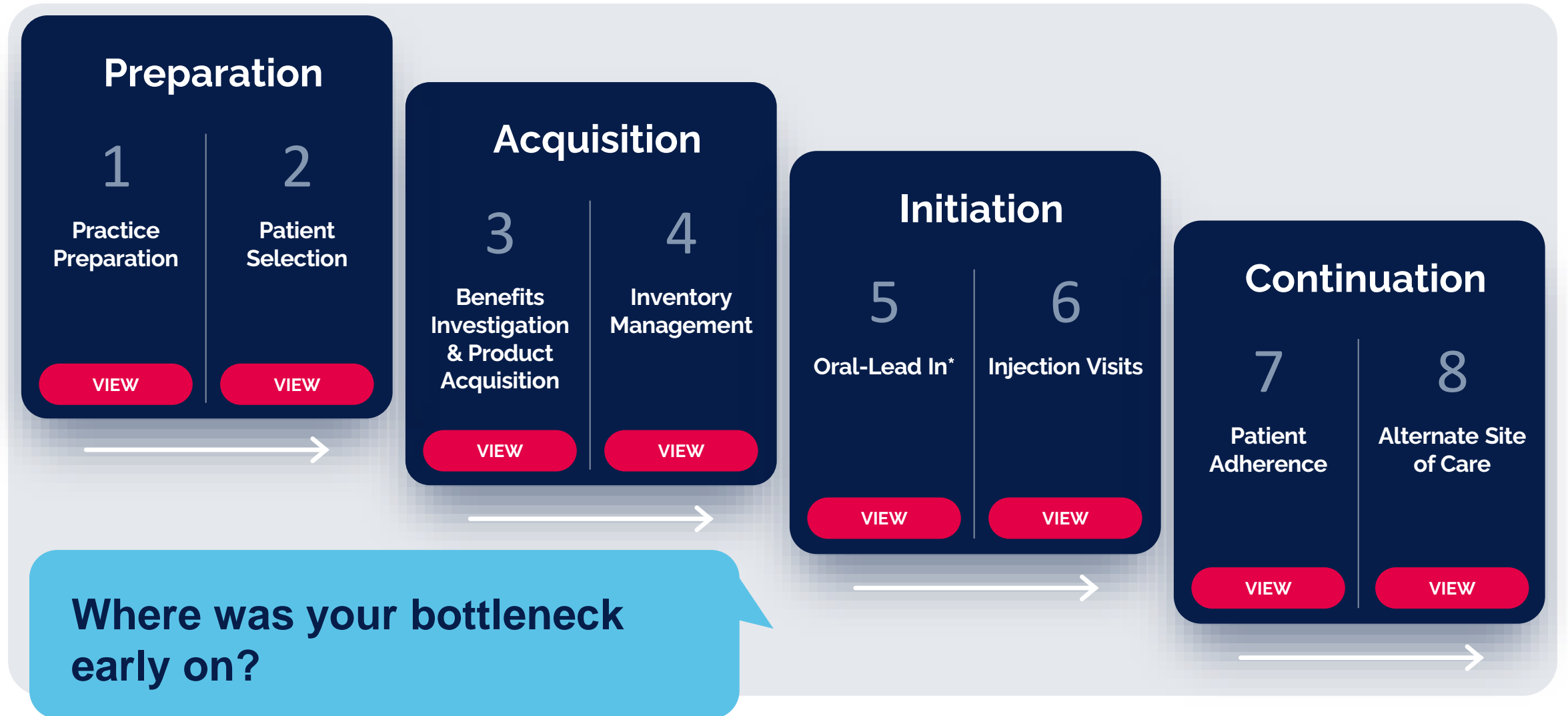
Getting Started Panel Discussion

Hot Topic 1: What do I need to do to get started with CAB+RPV LA or CAB LA in my clinic?





Overview of the implementation journey



*oral-lead in can be used to assess the tolerability prior to the administration of CAB LA or CAB + RPV LA

Practice preparation

LAI OPERATIONS

It may be helpful to: ▼



Consider supply inventory management process



Consider time injections might be given – ie. specific injection days or pre-specify clinic hours for injections



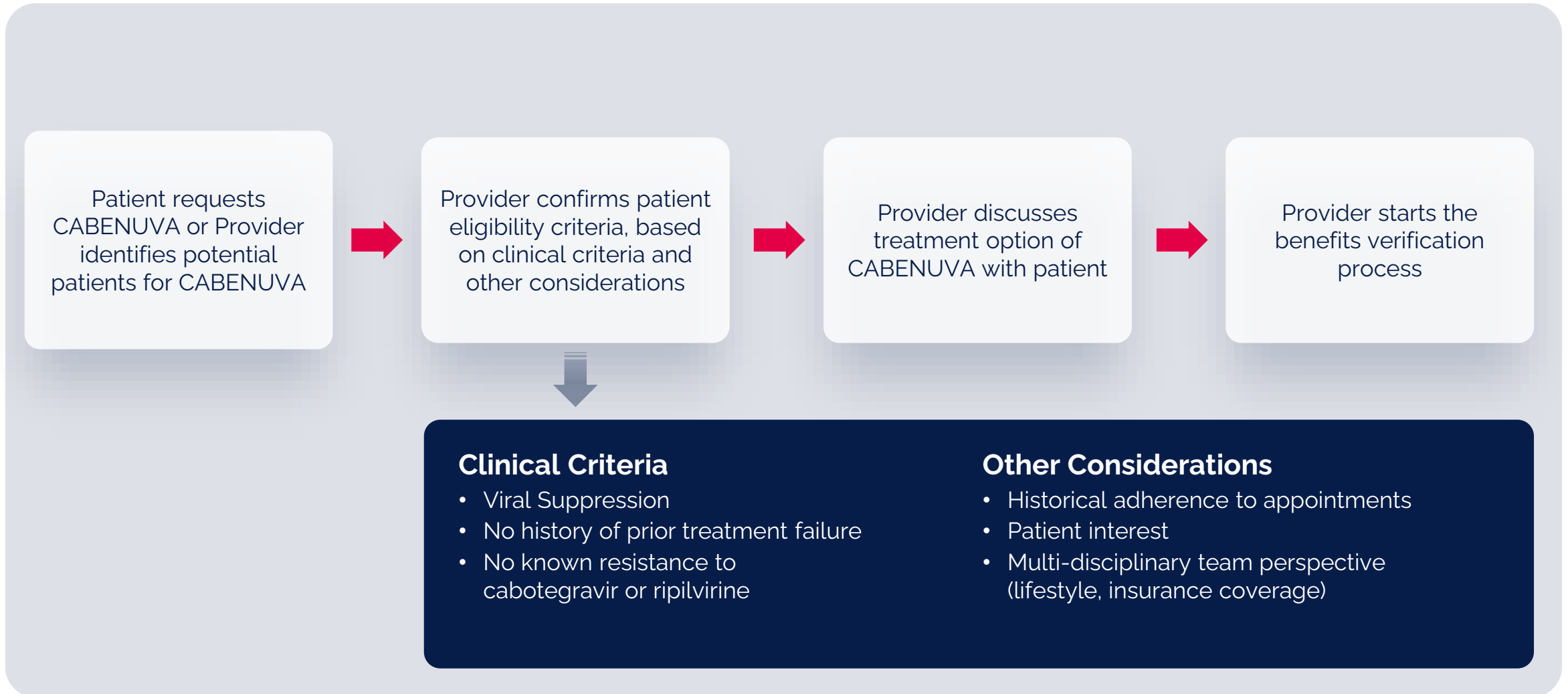
Create a patient appointment tracking tool (e.g., Excel spreadsheet) for date of OLI, first injection, date of next injection based on TTD



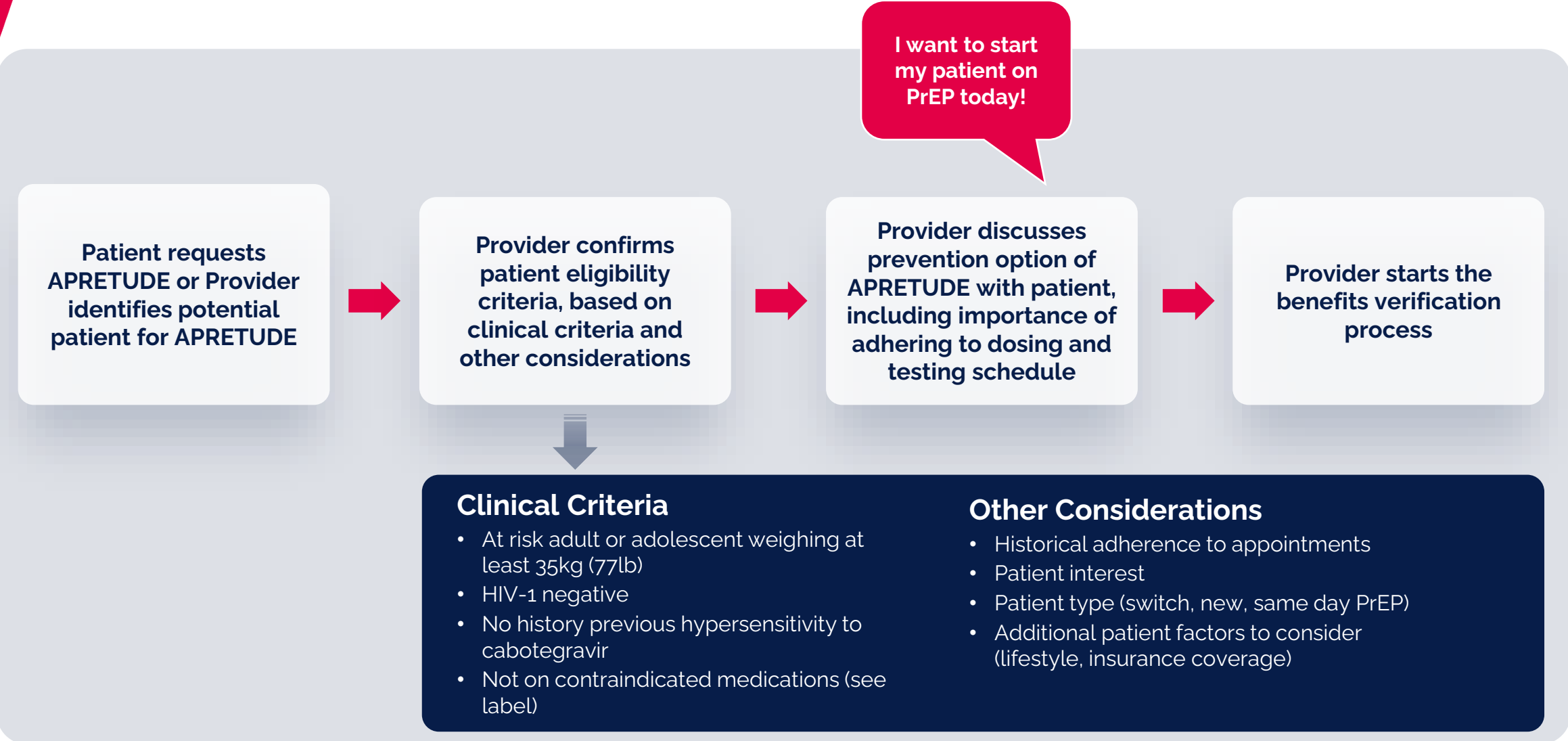
Function Considerations

- Benefits Investigation
 - Internal Partner
 - External Partner – Specialty Pharmacy partner
- Management of appointments and missed doses
- Administering injections
- Billing and Coding

Patient selection for CABENUVA



PWBP Selection for APRETUDE



Practice preparation

TRAINING AND EDUCATION RESOURCES

General LAI Education



Visit websites

CABENUVAhcp.com

APRETUDEhcp.com

Offers multiple resources to educate staff on CABENUVA or APRETUDE.



ViiV Educational Injection Programs are Available



ViiV Account Managers (product information) and **Field Reimbursement Team (ADFR)** are available to answer questions

[Click here](#) to find your ADFR, or to set up meeting to obtain more information

Benefits Verification At-a-Glance



Benefits are verified by communicating with the patient's insurance company to find out whether they have coverage for certain services or medications, as well as how much they will need to pay for them



- The **benefits verification*** may be performed by ViiVConnect or by your office
- Once the benefits verification has been completed, you will receive or compile a **Summary of Benefits (SOB)**

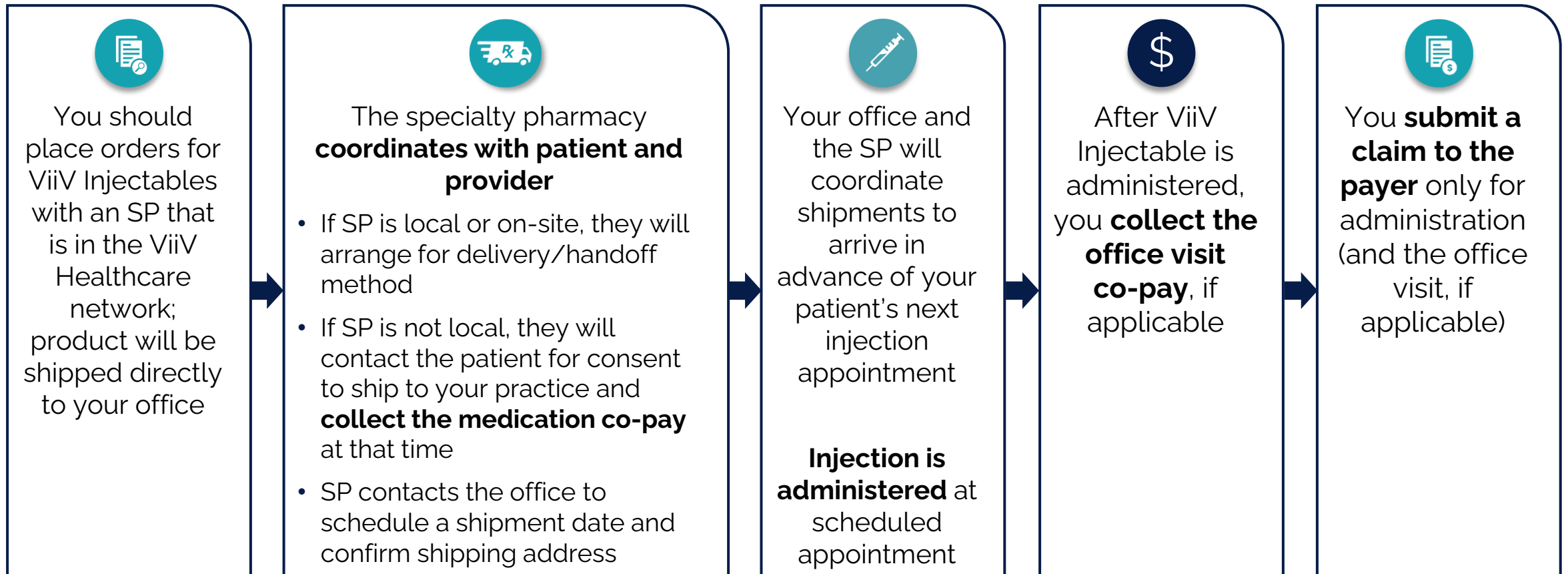


If the patient's insurance covers ViiV Injectables, the **SOB** will indicate whether it is covered under the **medical benefit** or the **pharmacy benefit**, and if a prior authorization is required

Your ADFR can provide guidance on how to do a benefits verification independently.

*This information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Providers are encouraged to contact third-party payers for specific information on their coverage policies. For more information, please call ViiVConnect at 1 (844) 588-3288.

Pharmacy Benefit: Specialty Pharmacy Process Overview



Medical Benefit: Buy and Bill At-a-Glance



If your patient's insurance covers ViiV Injectables under the medical benefit, there is an option to purchase ViiV Injectables from an in-network specialty distributor and bill the patient's insurance for reimbursement



This option allows for flexibility in **ordering the correct number of dosing kits** for all of your appropriate patients who will be receiving ViiV Injectables, and store them until they are needed



When patients come for their ViiV Injectables appointment

- Collect any applicable copays from the patient
- Use a dosing kit from your inventory
- Submit the claim to the patient's insurance

Workflow Considerations

Panel Discussion

Hot Topic 2: What have others done to optimize the process through the clinic?

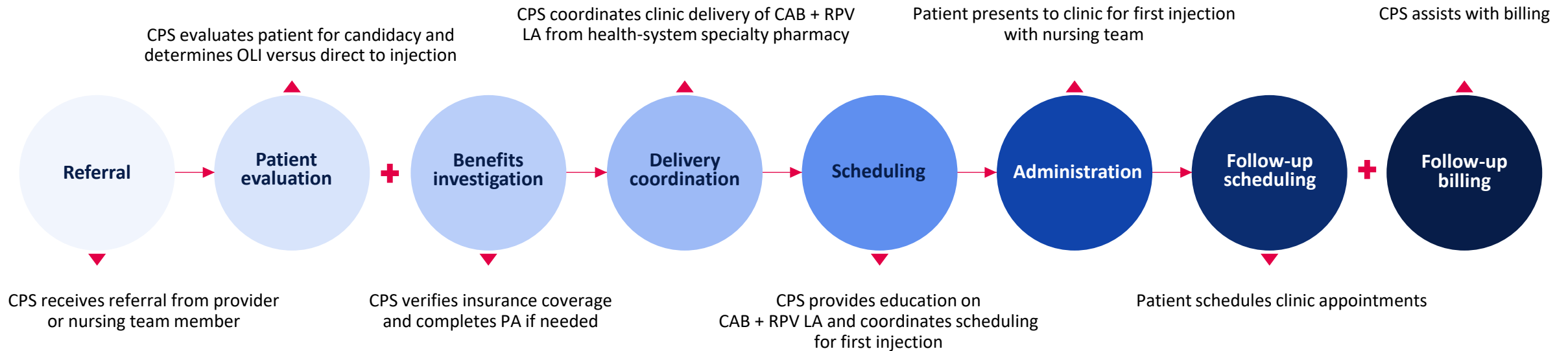


Implementation of a Pharmacist-led, CAB/RPV LAI Program For HIV-1 at Health System-based Clinics in the New York Metropolitan Area

Clinic information

Clinic: Northwell Health 4 centers: CART, The Retroviral Disease Center and Virology Treatment Center in Upper East Side of Manhattan and Staten Island respectively, Center for Young Adult, Adolescent and Pediatric HIV
Clinic type: Non-profit
Location: New York

Pharmacist-led injectable ART program workflow



Takeaways

Pharmacists play a crucial role in evaluating patient eligibility, managing medication access, and providing continuous monitoring and support

Nguyen NM, et al. Implementation of a pharmacist-led, long-acting, injectable cabotegravir/rilpivirine program for HIV-1 at health system-based clinics in the New York Metropolitan Area. *AIDS Patient Care STDS* 2024;38:115–22

[+ Create Note](#)[LCHRXPFORM 1](#)[LCHRXPFAFOLLOWUP 2](#)[LCHRXPFORMRESULT 3](#)

My Note

Progress Notes • Pharmacy • 6/19/2024 05:08 PM

 **B**             

Patient meets all the following criteria for HIV treatment with Cabenuva:

- Patient is HIV-1 positive. ICD10 ***.
- Patient is currently stable on an ART regimen which includes: ***
- HIV-1 viral load is < 50 RNA copies per mL for at least 6 months prior to initiation of Cabenuva.
- Patient has no prior virologic failures.
- Patient has no baseline resistance to either cabotegravir or rilpivirine. Date of resistance test ***/***/***.
- Patient was counseled on the importance of adherence to injection schedule to reduce the risk of HIV-1 infection and development of resistance.

Patient Chart Advisories **Notes** This Visit

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My Note

Progress Notes • Pharmacy • 6/19/2024 05:08 PM

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Apretude is medically necessary for this patient for the following reasons:

Diagnostic code: ***

Patient is HIV-1 negative per (check all that apply):

- HIV (1 and 2) ANTIGEN/ANTIBODY, 4th Gen on (date) _____
- HIV Qualitative, RNA on (date) _____

Patient had previously tried:

- Emtricitabine/Tenofovir Disoproxil Fumarate (Truvada)
- Emtricitabine/Tenofovir Disoproxil Alafenamide (Descovy)

Oral PrEP is NOT appropriate for this patient due to (check all that apply):

- History of low eGFR
- Has risk factors for bone loss and/or fracture
- Difficulty with adherence, with average missed dose _____ times/week
- Side Effects (list symptoms): _____
- Other (provide details): _____

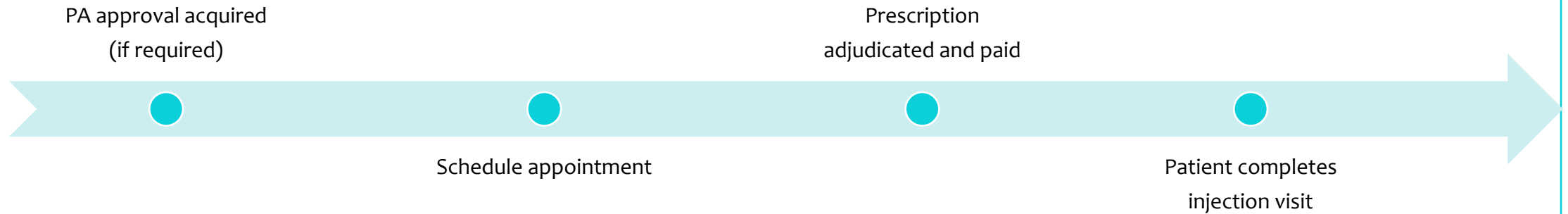
Patient was counseled on the importance of adherence to injection schedule to reduce the risk of HIV-1 infection and development of resistance.

Patient agrees that testing for HIV-1 infection is required with each subsequent Apretude injection.

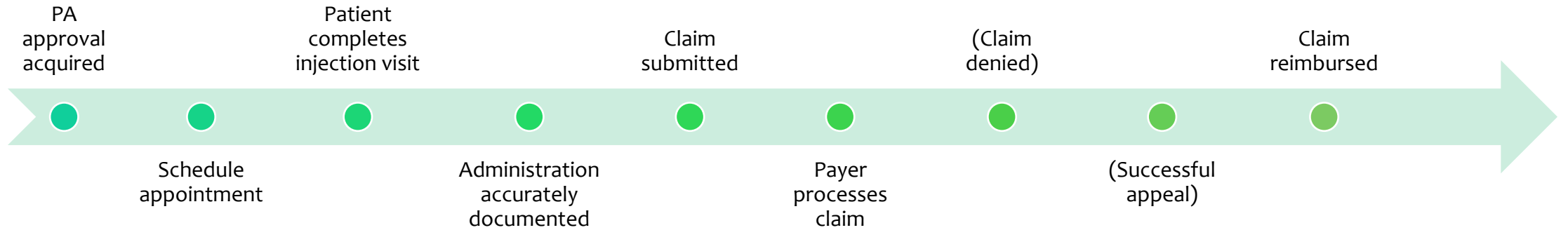
Illustrative Only. No Personal Health Information Used.

Path to Reimbursement

Pharmacy Benefit



Medical Benefit



Illustrative Only. No Personal Health Information Used.

Medical Billing – Key Stakeholders

- File claim within specified time
- Detect and address claim issues promptly
- Resilient with claim appeal process

- Obtain insurance
- Update insurance status

Front Desk

- Assesses appropriateness of therapy
- Documents clinical rationale
- Must be approved by Payer

Revenue Cycle Management Team

Provider

- Must have insurance coverage
- Declares interest
- Meets payer's clinical use criteria
- Committed to treatment schedule

- Document injection administration
- NDC, Dose, Lot #, Expiry Date, etc.

Patient

RN/MA

Pharmacy

- Obtain prior authorization
- Procure medication
- Complete injection visits and document appropriately
- Provide clinical support with claim denials

- Verify insurance eligibility
- Update insurance status

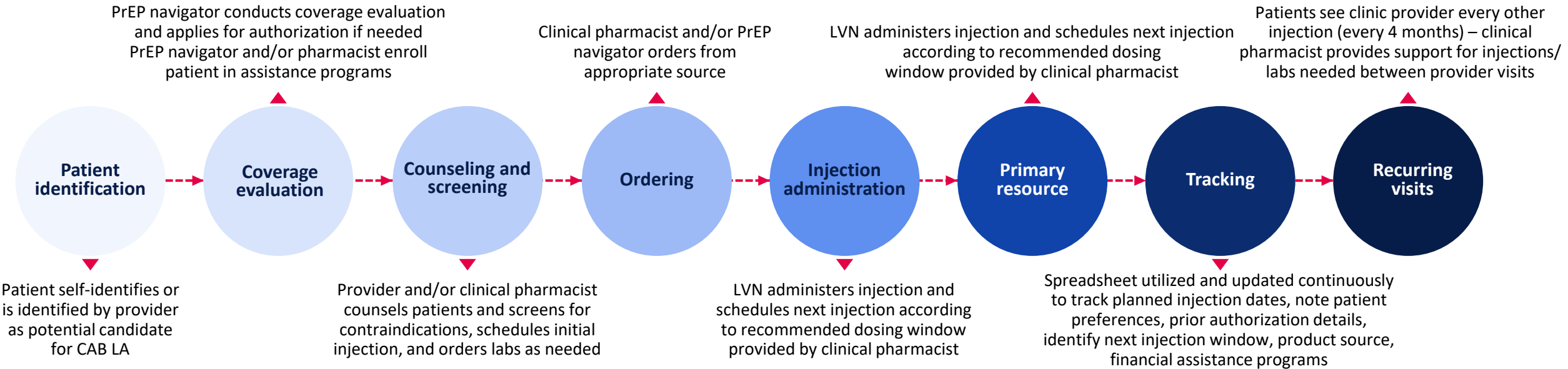
Benefit Verification Team

Implementing CAB LA for HIV Prep in a Large Academic Hospital-based Urban HIV Clinic

Clinic information

Clinic: UCSD Owen Clinic
Clinic type: University and Academic Center
Location: San Diego, California

Workflow for introducing CAB LA PrEP



- / Workflows should clearly outline steps, roles and responsibilities
- / Workflows should be adaptable for increasing numbers of patients interested in CAB LA
- / Adapt or develop tracking systems to monitor key patient information (e.g. injection dates)

Turner C, et al. Implementing long-acting cabotegravir for HIV PrEP in a large academic hospital-based urban HIV clinic. HIVR4P 2024. Poster 01725

Inventory Management & Scheduling at IAM

Institute for Advanced Medicine · Mount Sinai · 4 Active NYC Sites · Dashboard Updated May 8, 2026

Workflow Considerations — Academic Medical Center / Multi-Site FQHC

PROCUREMENT — BUY & BILL (MEDICAL BENEFIT)

340B Floor Stock

Purchased under 340B pricing, stored on-site. No per-appointment specialty pharmacy shipments needed.

64.1% Medical Benefit

Up from <20% in late 2024 after a deliberate transition away from pharmacy benefit.

Inventory Model

Monthly stock ordered from upcoming injection list. Buffer held for reschedules and new starts.

EHR SCHEDULING — EPIC SMARTSETS

Epic SmartSets

Product-specific SmartSet auto-populates injection + lab orders (VL, STI) and follow-up scheduling.

Injection vs. MD Visits

Provider visits every 4 months for both products. Nursing-led injection visits fill in between — no provider needed.

Scheduling Blocks

Dedicated injection slots at each site. Nurses flag issues via Epic chat (#GVLAITeam, #JMCLAITeam).

Laminated Workflows

LAI workflow laminated in every exam room — reduces coordinator call volume for routine clinical questions.

APRETUDE vs. CABENUVA — KEY DIFFERENCES

Key difference — HIV testing: Apretude: confirm HIV-negative before initiation; perform both rapid (POCT) AND lab-based Ag/Ab at every injection visit.
Cabenuva: confirm viral suppression (VL <50) before switch; VL monitored per standard HIV care schedule.

KEY TAKEAWAY: Epic SmartSets and laminated workflows reduce per-injection staff burden so nurses can focus on the patient, not the paperwork.

Patient Tracking & Program Monitoring at IAM

Ensuring no patient misses a dose — multi-layer tracking system across 4 sites

WEEKLY UPCOMING LAIs EMAIL

- Every Friday: LAI Team sends upcoming patient list for following week to all nurses + front desk at all 4 sites.
- Lists patient name, LAI product, site, injection window, and whether medication is confirmed on-site.
- Front desk flags insurance lapses; nurses confirm scheduling.

EPIC DEPARTMENT APPOINTMENT REPORT

- Custom Epic report pulls all scheduled LAI appointments by site, date, and product.
- Used weekly by LAI Coordinator to generate the upcoming patient list and flag anyone overdue.
- Captures injection date, next injection window, and last VL result for every active patient.

BI-WEEKLY LAI CLINICAL WORKGROUP

- Cross-functional meeting: LAI Team + SHIELDS pharmacy + nursing leads.
- Reviews every active patient: upcoming injection window, benefit status, any PA expirations, missed appointments.
- Drafts and updates protocols.

TABLEAU LAI DASHBOARD 2.0

- Real-time program visibility: total patients, injections, VLS rates, benefit mix, discontinued patients by site/year.
- Filterable by year, site, product, insurance, staff member.
- Used for quarterly reporting to HRSA, ALAI UP Grant, and internal leadership. Refreshes daily.

REAL-TIME COMMUNICATION CHANNELS:

Epic Chat Groups

#GVLAIteam · #JMCLAIteam ·
Nursing · Front Desk

Epic Staff Messages

New referrals + non-urgent clinical
questions

Email Groups

GV & JMC LAI Team distribution lists

IAM LAI Clinical Workflow — Posted in Every Exam Room

Provider → LAI Team → Nursing · Role-delineated, site-tested, July 2024

IAM Long-Acting Injectable Workflow



PROVIDER

- Step 1: Document eligibility criteria in Epic (SmartPhrase: .CabenuvaEligibility or .ApretudeEligibility)
- Step 2: Send Loading + Maintenance SmartSets to pharmacy for SHIELDS benefits investigation
- Step 3: Send Epic Staff Message to IAMLongActingInjectables pool — notify of new LAI candidate

LAI TEAM & MEDICAL DIRECTORS

- Review eligibility criteria, Hep B serologies, and genotype testing
- Add patient to Epic Reminder List; document pharmacy or medical benefit
- Schedule Nursing Education Visit; notify Nurse Manager + nurses

IAM NURSING

- Conduct optional Nursing LAI Education Visit (30 min, billed as nursing education)
- Review LAI Education Checklist with patient
- Schedule first injection appointment in dedicated LAI injection slot

BEYOND: 24-Month HCP Experiences of CAB + RPV LA Uptake, Optimization, and Patient Benefits

Study population and design

BEYOND is a 2-year prospective, observational, real-world study of utilization, clinical outcomes, and experiences of HCPs and PLWH initiating CAB + RPV LA

- HCP experiences with implementing CAB+RPV LA in participating clinics (N=30) were evaluated at the time of site activation ('baseline'; September 2021-February 2022) and in a follow-up survey 24 months later

Clinic Uptake of CAB + RPV LA by Month 24

- Clinics with >50 PWH receiving CAB+RPV LA increased from 3% (1/30) at baseline to 39% (9/23) (Figure 1)
- Clinics reported that CAB + RPV LA was mainly acquired from specialty pharmacies and half of practices/clinics preferred this option

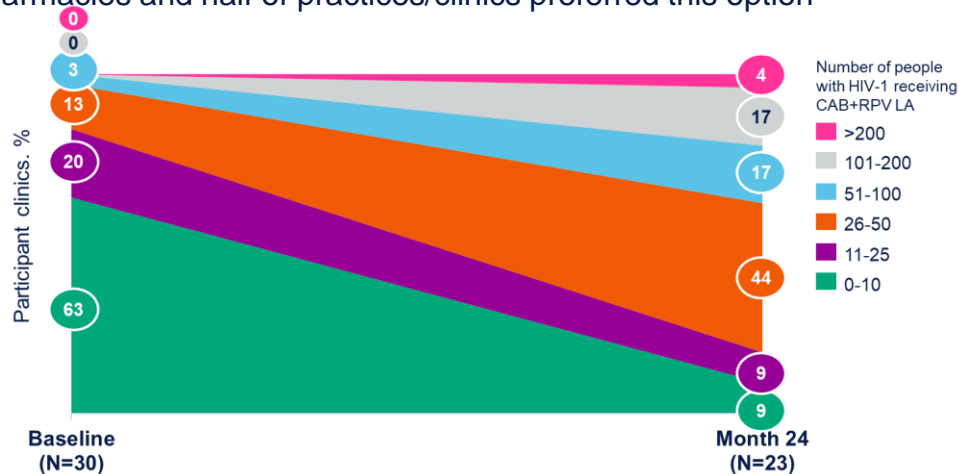


Figure 1: Proportion of Participant Clinics by Number of PWH Receiving CAB+RPV LA Treatment at Baseline and Month 24

HCPs were asked to respond based on any implementation experience to date, which may have included PWH previously initiated on CAB+RPV LA using current clinic implementation practices

HCP, Health care provider; PWH, people with HIV

Clinic Optimization for CAB + RPV LA Implementation

- Total injection visit duration decreased over time**, visits <30 minutes, including waiting time, increased from 33% (10/30) at baseline to 50% (12/24) at Month 24
- Clinics changed their workflow to optimize implementation** including increasing coordination with pharmacy (68%; 17/25), adding injection training (52%; 13/25), adding refrigerator space and adding staff (each 24%; 4/25)
- 68% (13/19) of HCPs who utilized ViiV Healthcare's field reimbursement managers** for assistance with access, reimbursement, or coding support found them to be **extremely or very helpful**

Barriers and Benefits of CAB + RPV LA Implementation

- Top HCP-reported barrier to or concern at Month 24 was insurance coverage (61%)
- HCP-reported benefits were **improved assurance of ART adherence** (88%) and an **increased ability to address patient concerns at injection visits** (50%)
- Injection visits facilitated **increased health-related discussions** about cancer screenings, preventive care, and concomitant medication management

ViiVConnect – Additional Support



- / An Access Coordinator can work with you and your patients to answer questions about their coverage and access to their prescribed ViiV Injectables
- / Optional, one-on-one support from a dedicated Access Coordinator includes:

➔ Benefits verification and reverification

➔ Prior authorization support and tracking

➔ ViiV Injectables Savings Programs*

➔ Patient Assistance Programs*

➔ Claim denials and appeals support

You can reach an Access Coordinator Monday-Friday, 8AM-11PM (ET). Call 1-844-588-3288 (toll-free), or use click-to-chat from the ViiVConnect Portal. Multilingual options are available.

*Subject to eligibility, program terms, and conditions; ViiVConnect programs do not constitute health insurance.

Prior Authorizations

- **Make sure you are using the right prior authorization form for the patient's insurance**
- **Check with the payer to determine how to submit the PA: phone, fax, email, or the health plan's website**
- **Ensure the form is filled out completely and sent in to the appropriate benefit indicated**
- **Include any and all supplemental documentation. This may include, but is not limited to:**
 - Confirmation that the patient meets the eligibility criteria, i.e., labs
 - Billing information
 - Prescribing information showing the dosing regimen

Prior Authorizations



Letter of Medical Necessity (LMN)

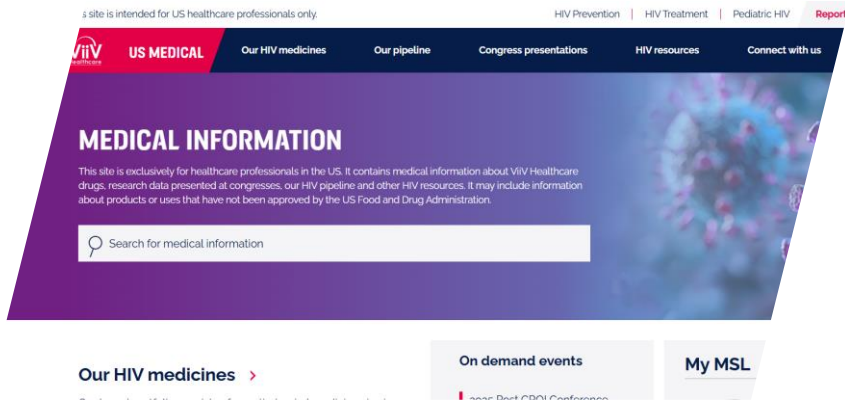
A letter of medical necessity (LMN), can be included with the Prior Authorization. The LMN provides rationale for the prescription.

Consider including the following items in an LMN:

- Clearly state the rationale for use of the relevant ViiV Injectable product and why it is appropriate for the patient
- Include support for the product use recommendation; citing published trials and DHHS guidelines can be impactful
- Explain why the formulary-preferred agents, if applicable, are not appropriate
- Specify if the patient is already on the ViiV Injectable and is clinically stable, and include specific measures of clinical benefit
- Outline implications if patient goes without the ViiV Injectable or any issues that you think may arise if the patient is required to switch medication

ViiV Websites to Support LAI Implementation

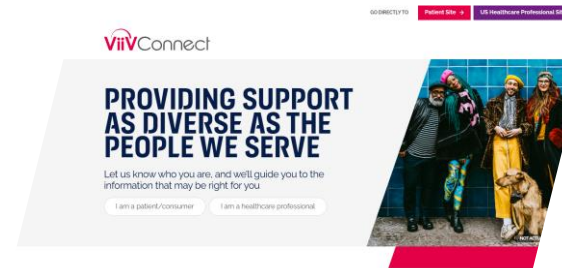
ViiV US Medical Information



Explore medical information about ViiV Healthcare drugs, including CABENUVA and APRETUDE, research data presented at congresses, our HIV pipeline and other HIV resources

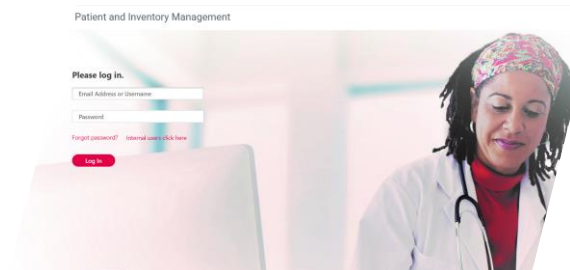
- / [ViiV US Medical Information](#)
- / [CABENUVA Medical Information](#)
- / [CABENUVA Implementation Resources](#)
- / [APRETUDE Medical Information](#)
- / [APRETUDE Implementation Resources](#)

ViiVConnect



ViiV’s online portal hosting resources to facilitate patient access to prescribed ViiV medications. Includes functionality such as benefits verification, savings program enrollment and other access support.

ViiV View



A free, cloud-based patient and inventory management system that enables HCPs and office staff to efficiently track and prepare ViiV Healthcare injectables inventory

[Request a Scientific Discussion from ViiV](#)

Scale-Up Panel Discussion

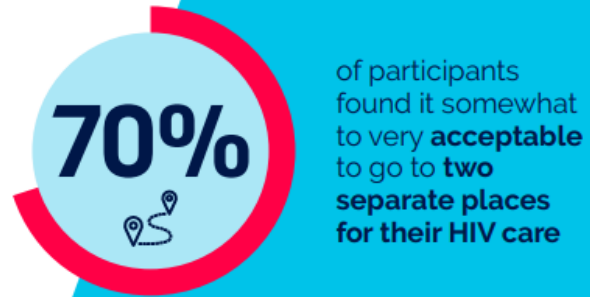
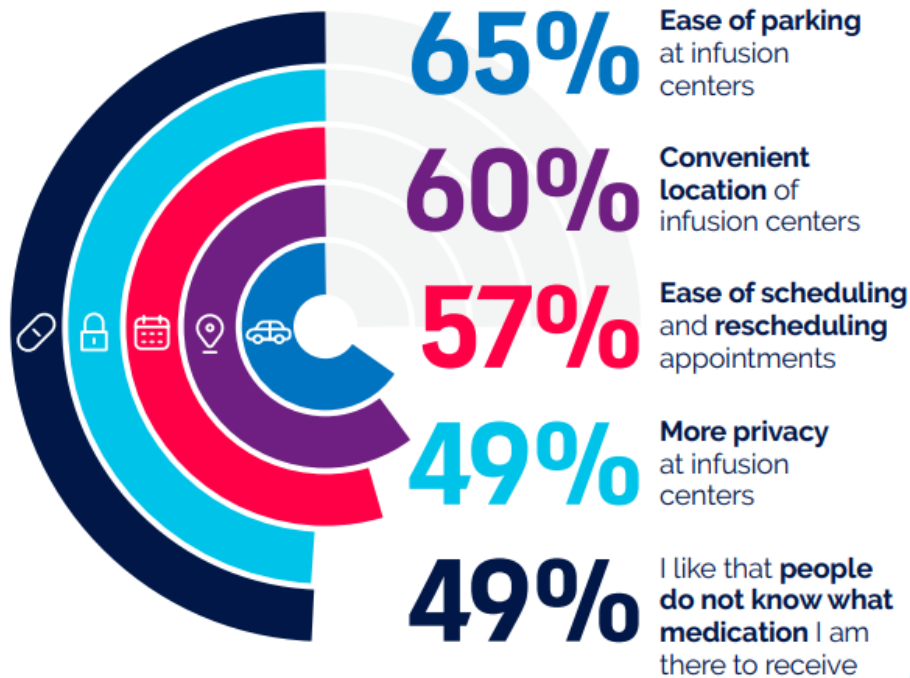
HOT Topic 3: We don't have any more capacity (space, resources/staffing) to further scale-up



ASOC Spotlight: Infusion Centers

After 8 Months, Administration of CAB + RPV LA at Infusion Centers was Well Received by Participants and had Several Advantages

Receiving CAB + RPV LA at infusion centers has several advantages*



of participants found it somewhat to very **acceptable** to go to **two separate places** for their HIV care



of participants **did not experience stigma or discrimination** at infusion centers

*Participants could select multiple options

MORE

CAB+RPV LA at-home administration for people with adherence challenges achieves high rates of viral suppression, adherence and persistence

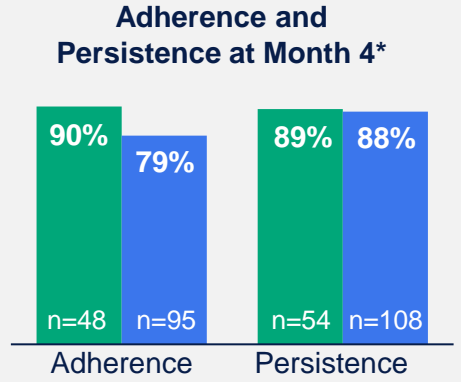
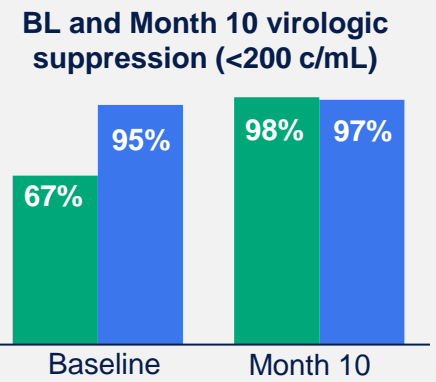


Mobile Outreach Retention and Engagement Program (MORE) offers mobile care navigation, transportation, and optional home injections for **people with HIV initiating CAB+RPV LA with adherence challenges** (VL >200 c/mL and/or no medical visits in 6 months)

Study Design: Effectiveness-implementation hybrid type-2 study comparing people with HIV receiving CAB+RPV LA with Mobile Outreach Retention and Engagement Program (MORE) support to a 2:1 matched comparison group of people receiving CAB+RPV LA in clinic without MORE support

Effectiveness¹

- N=54 MORE participants started CAB+RPV LA and had ≥10 months follow-up between Nov 2023 and Feb 2025; 63% (34/54) chose home injections
- Median age 49 years, 41% cis female, 11% trans female, and 91% Black



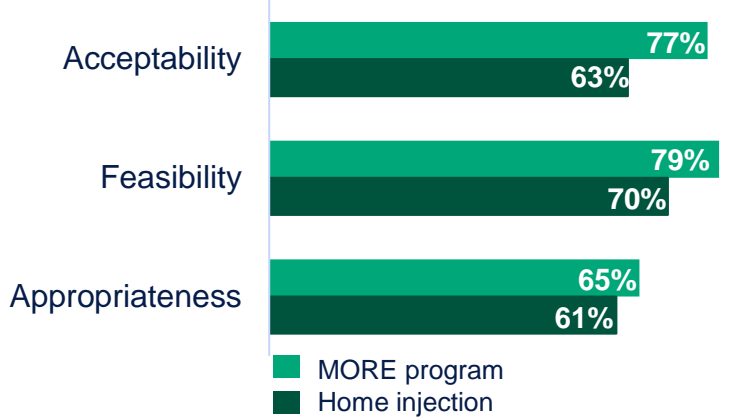
BL viremia (≥200 c/mL) in MORE group (33%) vs. comparison group (5%) (p<0.001)

■ MORE (n=54) ■ In clinic (103) ■ MORE ■ In clinic

Implementation²

- N=45 completed BL survey between Nov 2023 and Feb 2025
- Acceptability (AIM), feasibility (FIM), and appropriateness (AIM) of intervention assessment tools used for BL survey, qualitative interviews also conducted

Agreement of Acceptability, Feasibility, and Appropriateness of MORE program and Home injections[†]



MORE program offers trust, flexibility, choice, and privacy

67% were willing to receive home injections at BL; 31% received at least one home injection

*MORE group had 2 late injections, 4 ISR-related discontinuations, 3 missed injections due to insurance lapse who restarted and no loss to follow-up due to missed injections vs comparison group with 16, 6, 1 and 2, respectively; †Agreement defined as cumulative percentage of "agree/strongly agree"

Successful Solutions and Strategies for CAB LA Integration: Key Takeaways from Clinics in PILLAR



Practice Preparation

- Tasking shifting
- Injection training
- Flexible Scheduling
- Staff enthusiasm & high motivation to offer CAB LA
- Prior experience with injectables



Patient Selection

- Patient awareness and education
- Screen for stigma and pill fatigue
- Offer to individual who test positive for STIs or use injection drugs
- Patient-provider discussion guides



Benefits Verification

- Delegate staff to lead insurance processes
- Coordinate and collaborate with pharmacies
- Use ViiV insurance support systems



Inventory Management

- Medication tracking and delivery logs
- Stock needles for larger BMI individuals



Injection Visits

- Flexible scheduling
- Use telehealth to support clinic flow
- Integrate other care for convenience
- Injection training for different body types



Continuation

- Patient scheduling & tracking systems
- Integrated care – combine with other care
- Support services (e.g., telehealth, transportation)
- Patient reminders sent across multiple mediums (text, phone, email, etc.)

What is an Alternative Site for Care (or ASOC)?

- / ASOCs are medical facilities specializing in administering HCP-administered medicines
- / ASOCs are often “infusion centers”
 - Ambulatory infusion centers (AICs)
 - Physician-based infusion centers
 - Hospital-based infusion centers
- / For HCPs interested in having ViiV Injectables administered outside of their clinic while they continue to manage their patient’s overall care, an ASOC may be an option. When used, ASOCs will conduct the benefits verification, acquire the medication, and collect the co-pay or coinsurance.



Where can you find an ASOCs?

The ASOC Locator Tool can help you and your patient find a local ASOC.

Visit

ViiVConnect.com/ASOCLocator or scan this QR code

Scale-Up Panel Discussion

HOT Topic 4: I don't know how to/can't do
Buy and Bill



Medical Benefit: Buy and Bill Checklist

Before the injection*:



- Confirm your patient's coverage for the ViiV Injectable by verifying their benefits independent of, or with assistance from, ViiVConnect



- Contact patient to review coverage, estimated cost, expected timing and Savings Program availability (if applicable)



- Ensure documentation exists in the medical record to support the product request
- Complete prior authorization/pre-determination if needed



- Coordinate with the patient to schedule their appointment, along with any required testing needed prior to the injection
- Your practice places an order for a ViiV Injectable from an approved specialty distributor

*Enrollment in ViiVConnect is not required for your patients to access their prescribed ViiV Injectables.

Medical Benefit: Buy and Bill Checklist (cont'd)

After the initiation injection*:



- Collect co-pay for the office visit and the ViiV Injectable, if applicable
- Schedule next appointment(s)



- Submit a claim to the payer for reimbursement of ViiV Injectables, administration, and the office visit, if applicable*
- Refer to the ViiV Injectable's Reimbursement Guide for information about completing the claims form



- If the patient is enrolled in a ViiV Injectable Savings Program, submit a detailed Explanation of Benefits and a copy of the claim to ViiVClaims.com for reimbursement of administration fee and copay*



- Plan ordering schedule for subsequent injections
- Your office will need to store and track your inventory of the ViiV Injectable

*Check forms prior to submitting to ensure all information is provided and accurate to avoid possible delays or denials.

Q & A

- Please use the Q&A function to submit comments and questions!
- If we are unable to get to your question, we will ensure to follow up with you!

FEEDBACK



Tell us what you think of today's program

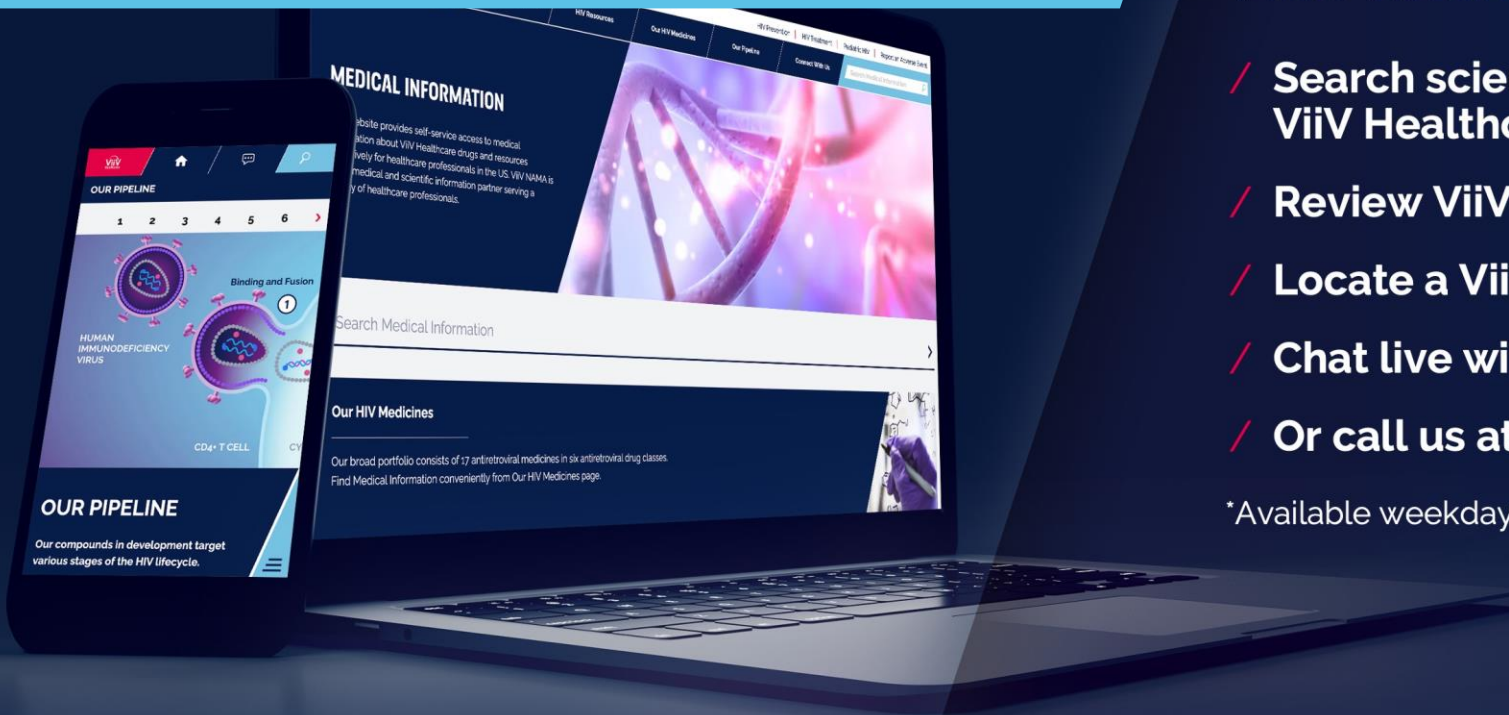


Thank You!

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