BEYOND: 24-Month Health Care Providers (HCP) Experiences of Cabotegravir and Rilpivirine Long-Acting (CAB + RPV LA) Uptake, Optimization, and Patient Benefits

Samir Kumar Gupta,[1] Alexandra Dretler,[2] David Richardson,[3] Bintu Sherif,[3] Laurie Zografos,[3] Cathy Schubert,[4] Paula Teichner,[4] Elizabeth Moore,[4] Cindy Garris[4]

[1]Indiana University School of Medicine, Indianapolis, IN, USA; [2]Infectious Disease Specialists of Atlanta, Decatur, GA, USA; [3]RTI Health Solutions, Research Triangle Park, NC, USA; [4]ViiV Healthcare, Durham, NC, USA

Key Takeaways

- **The perspectives of healthcare providers (HCPs) on implementing long-acting cabotegravir + rilpivirine (CAB+RPV LA) injections in real-world clinics and practices in the United States were evaluated after 24 months in the BEYOND study**
- **Survey results indicate that HCPs have a positive overall opinion of CAB+RPV LA, continue to make progress on treatment implementation, and appreciate additional benefits of administering this regimen to people with HIV-1**

Introduction

- Long-acting cabotegravir plus rilpivirine (CAB+RPV LA) is the first complete long-acting regimen for maintenance of HIV in people with HIV-1 who are virologically suppressed and is recommended by treatment guidelines[1-4]
  - LA regimens can aid in alleviating challenges associated with daily oral antiretroviral therapy (ART), including privacy, stigma, and adherence[4,5]
- In the phase 3/3b FLAIR (NCT02938520), ATLAS (NCT02951052), SOLAR (NCT04542070), and CARES (PACTR 202104874490818) clinical trials, CAB+RPV LA previously demonstrated non-inferiority to daily oral ART; most people with HIV-1 also preferred CAB+RPV LA over oral ART and reported significant improvements in treatment satisfaction after switching to the LA regimen[6-9]
  - However, real-world insights from healthcare providers (HCPs) are critical to successful implementation of CAB+RPV LA in the clinic
- BEYOND is a 24-month prospective, observational real-world study of utilization, clinical outcomes, and experiences of HCPs and people with HIV-1 implementing and initiating CAB+RPV LA across multiple US sites[10-13]
  - Results through Month 24 indicate that CAB+RPV LA maintains high rates of virologic suppression in people with HIV-1, alongside increased treatment satisfaction and preference over oral ARTs[10-12]
- The Month 24 survey results from HCPs are reported here

Methods

- HCP experiences with implementing CAB+RPV LA in participating clinics (N=30) were evaluated in a survey at the time of site activation ('baseline'; September 2021-February 2022) and in a follow-up survey 24 months later
- Baseline surveys were completed before people with HIV-1 were enrolled in the study
  - HCPs were asked to respond based on any implementation experience to date, which may have included people with HIV-1 previously initiated on CAB+RPV LA using current clinic implementation practices

Results

Site Characteristics

- Survey responses were received from 30 sites at baseline and 26 sites at follow-up
  - Most HCPs practiced as an HIV specialist in a private practice (10/29[a]) or were affiliated with a hospital (7/29), primarily in the West (11/30) or South (9/30) regions of the United States
  - Most clinics/practices (57%, n=17) reported serving between 201-1001 people living with HIV-1 (Figure 1)

[a]HCPs were asked to select 1 affiliation that best described their clinic or practice. Missing response from 1 site.

- At baseline, most clinics reported serving people with HIV-1 covered by commercial insurance, Medicare, or Medicaid (97% [28/29] each); and 48% (14/29) of clinics reported serving people with HIV-1 who were uninsured[b]
- By Month 24, clinics with >50 people with HIV-1 receiving CAB+RPV LA increased from 3% (1/30) at baseline to 39% (9/23; Figure 2)

[b]HCPs could select more than 1 response and categories were not mutually exclusive. Missing response from 1 site.

Figure 1. People With HIV-1 Served by Clinic/Practice

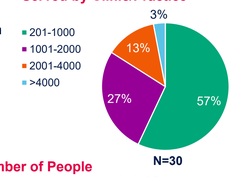
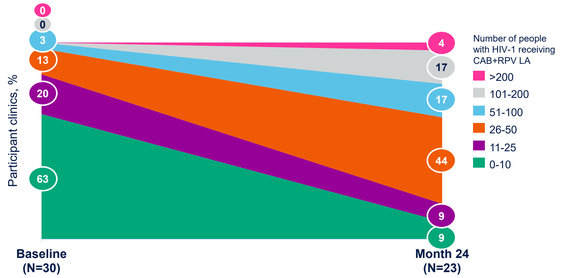


Figure 2. Proportion of Participant Clinics by Number of People With HIV-1 Receiving CAB+RPV LA Treatment at Baseline and Month 24[a,b]

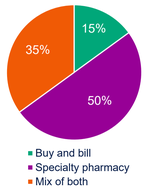


[a]Including non-study people with HIV-1. [b]Due to rounding, percentages may not add up to 100%.

Acquisition and Reimbursement Experience

- At Month 24, clinics reported that CAB+RPV LA was mainly acquired from specialty pharmacies and half of practices/clinics preferred this option (Figure 3)

Figure 3. Preferred Product Acquisition Model for CAB+RPV LA at Month 24[a]



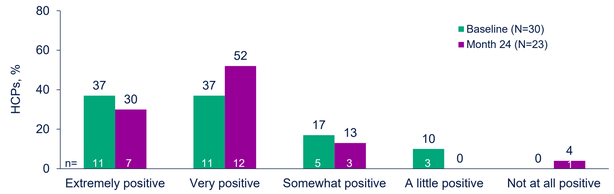
[a]Missing responses from 4 sites.

- At Month 24, 84% (21/25) of clinics reported encountering situations where buy and bill was the only option for acquiring CAB+RPV LA, an increase from baseline (43%; 13/30)
  - When buy and bill was the only option, 52% of practices (11/21) reported that this restriction deterred them from prescribing CAB+RPV LA
- Clinics estimated that some type of pre-treatment approval by the payer was required for 66% of their CAB+RPV LA coverage under the medical benefit and 63% under the pharmacy benefit
  - Approximately 42% (10/24) of clinics found completing payer coverage requirements under the medical benefit to be difficult compared with 36% (8/22) under the pharmacy benefit

At HCP Perspectives on CAB+RPV LA Administration

- At Month 24, while 35% (8/23) of HCPs believed over half of their patients were eligible for CAB+RPV LA, most clinics (96%, 22/23) reported that less than 25% had actually switched to CAB+RPV
- The opinions of HCPs administering CAB+RPV LA at their practice and/or clinic improved from 73% (22/30) being extremely or very positive at baseline to 83% (19/23) at Month 24 (Figure 4)

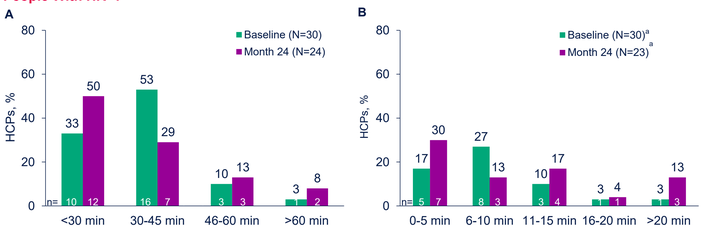
Figure 4. HCP Opinions on CAB+RPV LA Administration



HCP-Reported Injection Visit Time Spent in Clinic

- HCPs reporting injection visits taking <30 minutes, including waiting time, increased from 33% (10/30) at baseline to 50% (12/24) at Month 24 (Figure 5a)
  - Fewer HCPs (29%; 7/24) reported injection visits taking 30 to 45 minutes at Month 24 compared with baseline (53%; 16/30)
- More HCPs reported that they typically attended injection visits at Month 24 (78%; 18/23) compared with baseline (60%; 18/30), out of whom 61% (14/23) spent ≤15 minutes with the person receiving the injection (Figure 5b)

Figure 5. CAB+RPV LA (A) Total Injection Visit Duration and (B) HCP Time Spent per Injection Visit With People With HIV-1



[a]HCPs reported not typically seeing people with HIV-1 at injection visits (Baseline: n=12/30; Month 24: 5/23).

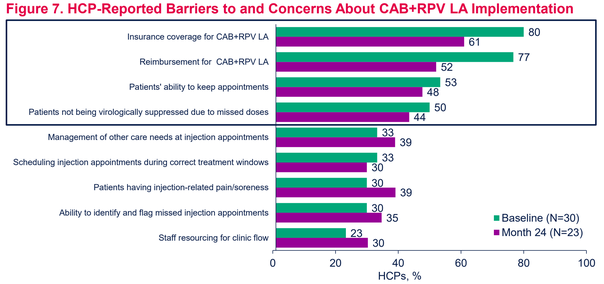
HCP Perspectives on Implementing CAB+RPV LA

- Most sites efficiently implemented CAB+RPV LA
  - 58% (14/24) of clinics optimized their processes within 6 months (Figure 6)

Figure 6. Opinion of HCPs on Time Needed to Optimally Implement CAB+RPV LA

- After implementing CAB+RPV LA, common clinic workflow changes included increased coordination with the pharmacy team (68%; 17/25), additional injection training (52%; 13/25), added or changed refrigerator space and added staff (each 24%; 4/25)
- Of 19 HCPs who utilized ViiV Healthcare's field reimbursement managers for assistance with access, reimbursement, or coding support, 13 (68%) found them to be extremely or very helpful
- The 4 primary barriers to and concerns about CAB+RPV LA implementation that HCPs identified were insurance coverage, reimbursement, patients' ability to keep appointments, and lack of virologic suppression from missed doses; all decreased from baseline to Month 24 (Figure 7)

Figure 7. HCP-Reported Barriers to and Concerns About CAB+RPV LA Implementation



Bars show the proportion of HCPs reporting they were extremely, moderately, or somewhat concerned about each barrier.

Benefits of CAB+RPV LA

- At Month 24, the top HCP-reported benefits of implementing CAB+RPV LA were improved assurance of ART adherence (88%) and an increased ability to address patient concerns at injection visits (50%)
- Between Month 6 and Month 24, injection visits facilitated increased health-related discussions between HCPs and people with HIV-1 about cancer screenings, preventive care, and concomitant medication management (Figure 8)

Figure 8. HCP-Reported Opportunities for Health-Related Engagements During Injection Visits at Month 24[a]

Preventive Care and Screenings	Lab and Clinical Monitoring	Cancer Screenings/ Referrals	Mental, Behavioral, and Social Health	Concomitant Medication Management
50% Preventive vaccines	**71%** Follow-up labs	**17%** Pap smears	**25%** Substance misuse counseling/referral	**25%** Review of concomitant medications and potential DDIs
46% STI screening/referral	**46%** Additional clinical-and/or lab monitoring (high risk)	**17%** Colonoscopy	**21%** Mental health discussion/referrals	**25%** Adverse events related to concomitant medications
	33% A1C testing/referral	**17%** PSA testing	**21%** Social services discussion/referrals	
	25% Cholesterol testing/referral	**8%** Mammograms		
	21% Pregnancy testing/referral			
	21% Reminders/referrals for specialist care			

>60%
40%-59.9%
20%-39.9%
0%-19.9%

A1C, hemoglobin A1c; DDI, drug-drug interaction; PSA, prostate-specific antigen; STI, sexually transmitted infection. Darker tones in this heatmap indicate that a higher percentage of HCPs were able to conduct these specific engagements for more than half of their patients at Month 24. [a]Proportions of HCPs who reported having the opportunity to conduct, or discuss, these engagements with >50% of their patients receiving CAB+RPV LA.

Conclusions

- BEYOND highlights the successful real-world integration of CAB+RPV LA into US clinics, with increased utilization and high acceptance by HCPs
- Although some logistical challenges remain, practices have optimized administration, enhancing feasibility
- HCPs perceived that CAB+RPV LA had many benefits for people with HIV-1
  - However, the proportion of eligible people with HIV-1 receiving CAB+RPV LA remains low at these participating clinics (<25%) and further efforts to address barriers to broader adoption in clinical settings are still needed

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Presenting author: Elizabeth Moore; elizabeth.d.moore@viivhealthcare.com