US Healthcare Provider Perspectives on the Initiation of Cabotegravir and Rilpivirine Long-Acting (CAB + RPV LA) in an Observational Real-World Study (BEYOND)

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Key Takeaways

- The perspectives of healthcare providers (HCPs) on implementing CAB + RPV long-acting (LA) injections in real-world clinics and practices were evaluated at baseline in the BEYOND study
- Initial survey results indicate that HCPs had a positive overall opinion of CAB + RPV LA, with most finding CAB + RPV LA implementation to be easy, and multiple benefits of administering the regimen to people with HIV (PWH)

Introduction

- CAB + RPV LA is the first complete long-acting regimen for maintenance of viral suppression in currently virologically suppressed people with HIV (PWH) and recommended by treatment guidelines[1,2]
- As an injectable regimen administered monthly or every 2 months by a healthcare provider (HCP), CAB + RPV LA may alleviate some challenges with daily oral therapy[3]
- Switching to CAB + RPV LA injections demonstrated non-inferiority vs continuing current daily oral antiretroviral therapy in clinical studies[4,5]
- Real-world perspectives are needed to enable successful delivery of this treatment in clinical practice within the US
- The BEYOND study aims to describe the perspectives and characteristics of HCPs and PWH implementing and initiating CAB + RPV LA treatment in US clinics and practices
  - Here we describe the baseline survey results from HCPs at the time of site activation in the BEYOND study

Methods

- BEYOND is a 2-year prospective, observational, real-world study of utilization, clinical outcomes, and experiences of HCPs and PWH initiating CAB + RPV LA across multiple US sites
- Participating sites were selected to maximize diversity in terms of geography, participant characteristics, practice type, payer source, and prior clinical research experience
- At the time of site activation (Sep 2021-Feb 2022) and prior to enrolling PWH in the study, HCPs at participating sites (physicians/treaters, injectors, and drug acquisition/reimbursement staff) completed surveys evaluating experiences to date with implementation of CAB + RPV LA in their clinics
  - Follow-up surveys of HCPs are planned at 6, 12, and 24 months

Results

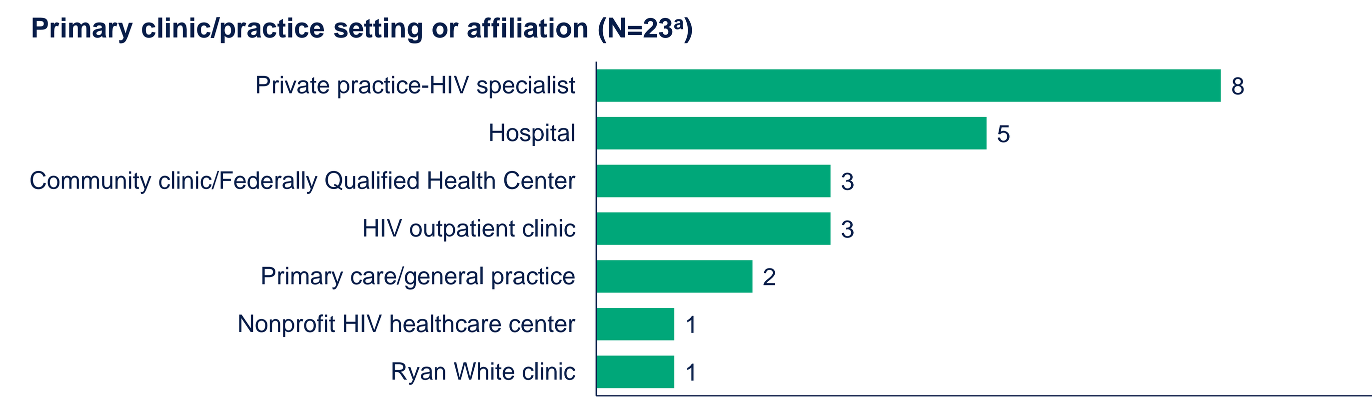
Site Characteristics

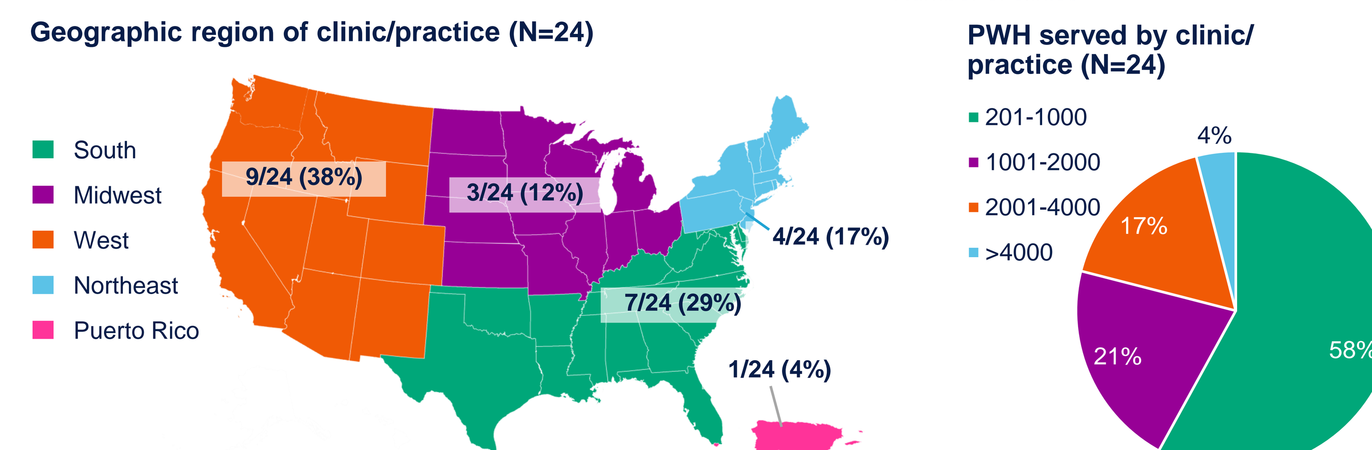
- HCPs from 24 sites responded to the initial survey (Figure 1)
- All clinics reported serving PWH with employer-sponsored commercial insurance (n=23/23); nearly all had PWH covered by Medicare or Medicaid (n=22/23 [96%] each), a Medicare-Medicaid Plan (n=19/23 [83%]), or the AIDS Drug Assistance Program (n=19/23 [83%]); 52% (n=12/23) of clinics reported serving uninsured PWH
- 25% (n=6/24) of clinics had 1-10 years of experience caring for PWH, 33% (n=8/24) had 11-20 years, and 42% (n=10/24) had >20 years of experience
- At the time of site survey completion, the number of PWH currently receiving CAB + RPV LA were: 1-10 PWH at 63% (n=15/24) of clinics, 11-25 at 21% (5/24), 26-50 at 13% (3/24), and 51-100 at 4% (n=1/24) of clinics

HCP-Estimated PWH Eligibility For CAB + RPV LA

- 75% (n=18/24) of HCPs estimated that at least 25% of PWH at their clinics are eligible and appropriate candidates for CAB + RPV LA

Figure 1 . Site Characteristics

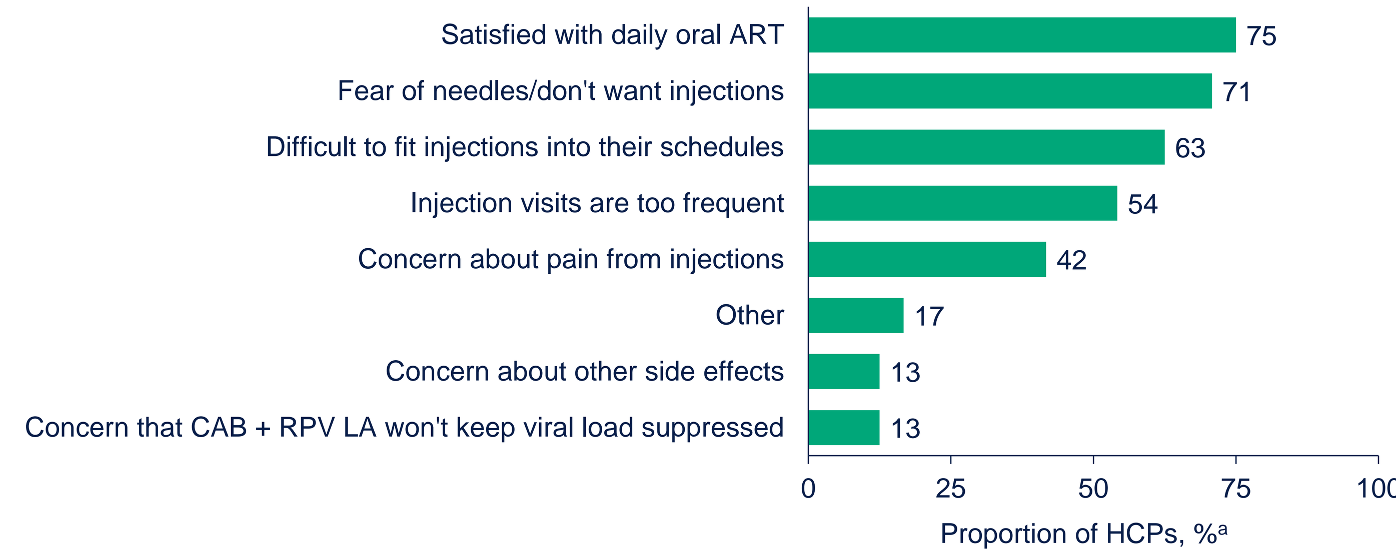




[a]HCPs were asked to select one affiliation that best described their clinic/practice. Missing responses from 1 HCP. HCP, healthcare provider; LA, long-acting; PWH, people living with HIV.

- 79% (n=19/24) of HCPs reported that <25% of PWH in their clinics had asked about CAB + RPV LA, and 71% (n=17/24) of sites are proactively discussing the regimen with at least 25% of PWH
- 54% (n=13/24) of HCPs predicted that <25% of PWH at their site would switch to CAB + RPV LA; the remaining HCPs predicted that 25% to 50% (n=10/24; 42%) or 51% to 75% (n=1/24; 4%) of PWH would switch
- HCPs reported that PWH cited being satisfied with daily ART, being averse to needles/injections, or having problems with injection visit scheduling or frequency as the most common reasons to not switch to CAB + RPV LA (Figure 2)

Figure 2. HCP-Reported Reasons Why Eligible PWH Would Not Switch to CAB + RPV LA

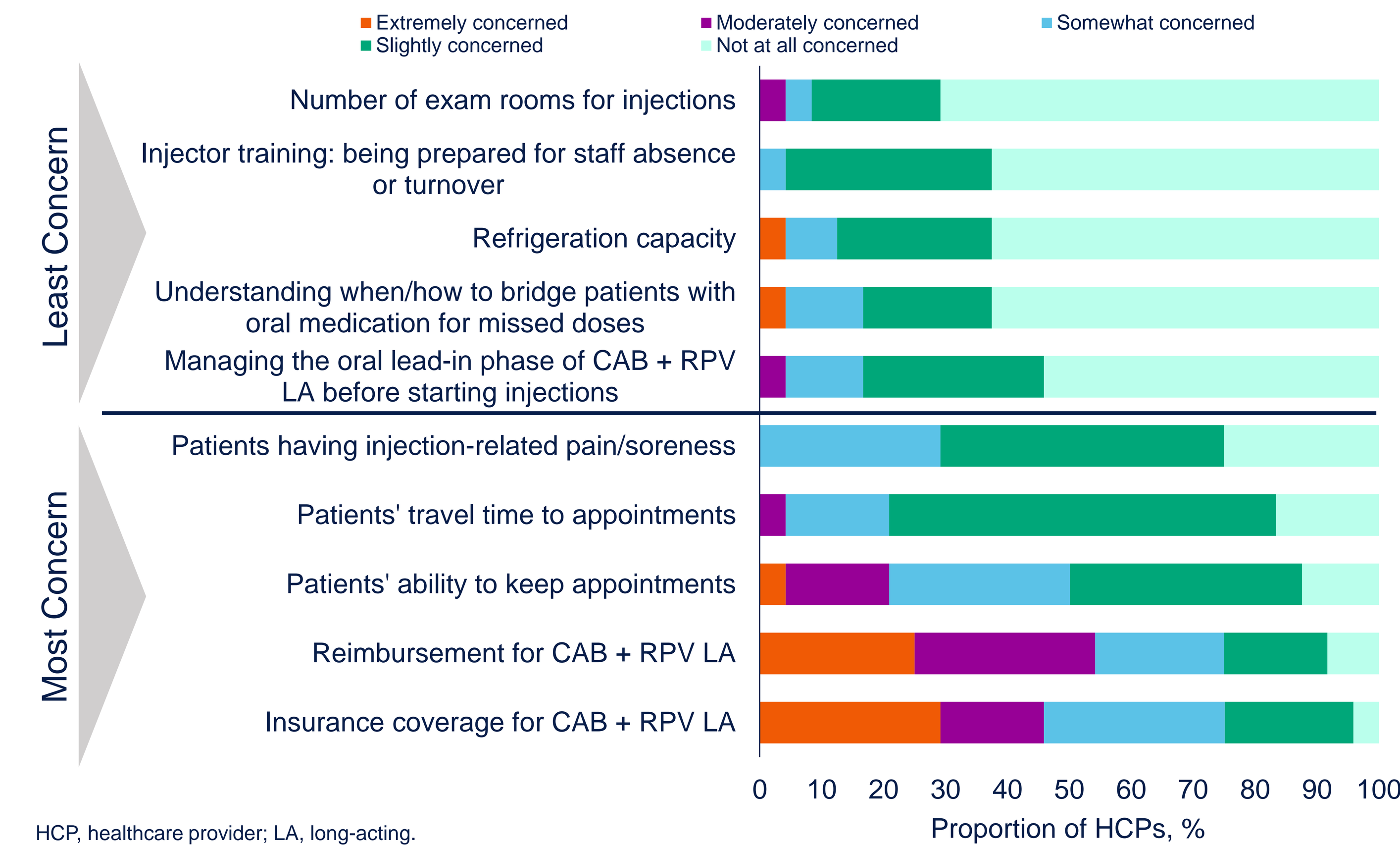


[a]More than 1 response is allowed; categories are not mutually exclusive. HCP, healthcare provider; LA, long-acting.

HCP Perspectives on Administering and Implementing CAB + RPV LA

- The majority (n=19/24 [79%]) of HCPs reported they were extremely/very positive about administering CAB + RPV LA
- Over 90% of injectors reported a positive overall opinion about administering CAB + RPV LA, and 86% (n=18/21) reported the injections were easy to administer
- Few HCPs overall reported significant concerns about potential barriers to successful CAB + RPV LA implementation. Reimbursement and insurance coverage were the barriers of most concern, with 25% (n=6/24) and 29% (n=7/24) of HCPs, respectively, expressing extreme concern (Figure 3)

Figure 3. HCP-Reported Barriers to Implementing CAB + RPV LA in Their Clinic/Practice

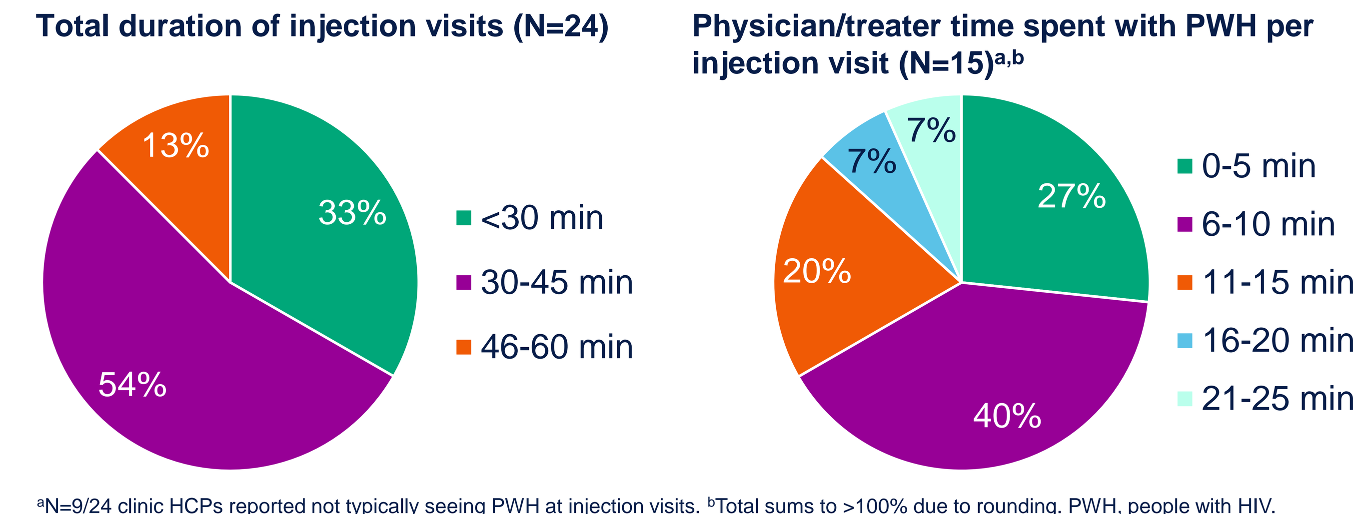


HCP, healthcare provider; LA, long-acting.

HCP-Reported Injection Visit Time Spent in Clinic

- Most (n=21/24 [88%]) HCPs reported injection visits taking ≤45 minutes, including waiting time (Figure 4)
  - 15/24 (63%) physicians/treaters reported that they typically attend injection visits; most (13/15) spent ≤15 minutes per visit with PWH

Figure 4. CAB + RPV LA Injection Visit Time

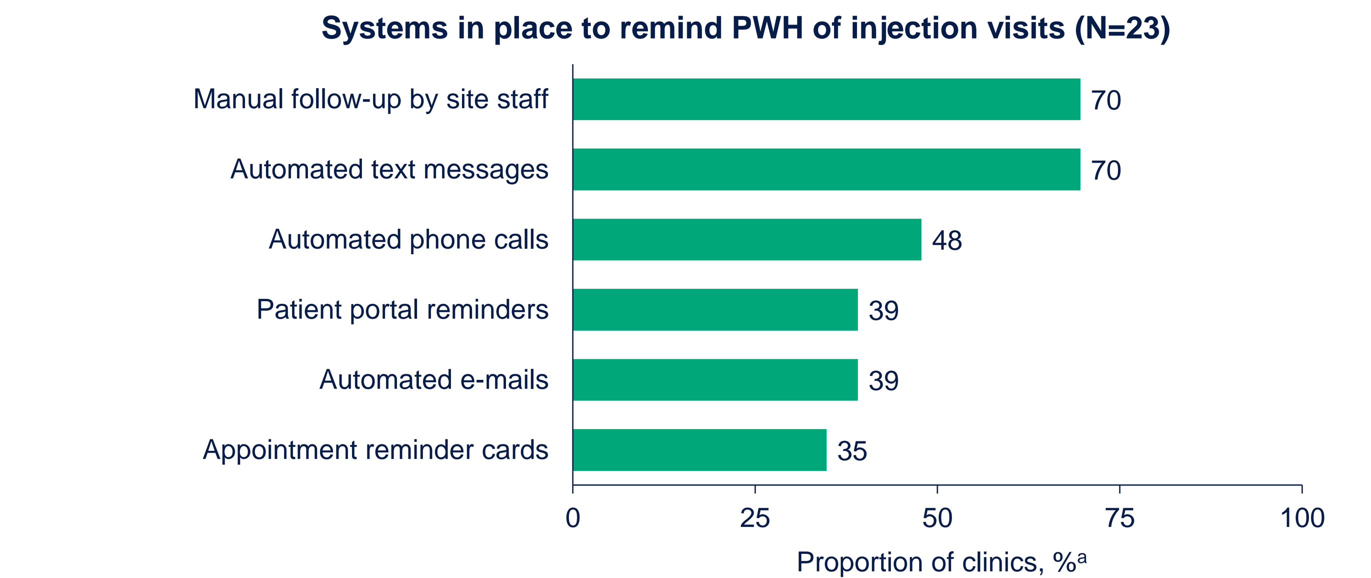


[a]N=9/24 clinic HCPs reported not typically seeing PWH at injection visits. [b]Total sums to >100% due to rounding. PWH, people with HIV.

CAB + RPV LA Resources

- 74% (n=17/23) of clinics found implementing CAB + RPV LA into their current workflow to be easy, 9% (n=2/23) found it neither easy nor difficult, and 17% (n=4/23) found it somewhat difficult
- All sites utilizing the injection education video on the external HCP website (n=15/15) found it helpful. All but one clinic utilizing reimbursement specialists found them to be extremely (59%, n=10/17), very (18%, n=3/17), or somewhat (18%, n=3/17) helpful
- Over 95% (n=23/24) of sites have patient reminder systems (Figure 5)
  - One clinic (4.3%) allowed patients to decide how often they received appointment reminders before their visit; other clinics sent either 1 (n=1/23 [4%]), 2 (n=11/23 [48%]), or 3 (n=10/23 [43%]) reminders
  - 74% (n=17/23) of clinics send a reminder 2-3 days prior to an appointment and 61% (n=14/23) of clinics send a reminder 1 day prior; only 13% (n=3/23) send a reminder 4-7 days prior
- 92% (n=22/24) of sites have a system in place to identify missed injection visits, 86% (n=19/22) of which identify missed injection visits by manually reviewing patient records or appointments

Figure 5. Injection Visit Reminder Systems Used by Clinics and Practices



[a]More than one response is allowed; categories are not mutually exclusive. PWH, people with HIV.

Clinic Changes Needed to Implement CAB + RPV LA

- In their experience to date, 50% (n=12/24) of clinics reported only needing to increase coordination with the pharmacy team (implied to be their own pharmacy process) and/or add injection education (n=14/24 [58%]) to implement CAB + RPV LA; only 1 clinic reported needing to add staff
- Most clinics anticipated they could manage ongoing CAB + RPV LA treatments for up to 50 PWH (n=17/24 [71%]); additionally, most clinics administered (or plan to administer) treatments spread out over the course of a month (n=15/24 [63%])

Benefits of CAB + RPV LA

- The most frequently reported benefits of implementing CAB + RPV LA by HCPs included assurance of patient adherence (67%) and patient engagement in their HIV treatment (63%; Table)

Table. HCP-Reported Benefits of Implementing CAB + RPV LA in Their Clinic/Practice[a]

Benefit, n (%)	Sites (N=24)
Assurance of patient ART adherence	16 (67)
Patients are more engaged with their HIV treatment	15 (63)
Ability to discuss patient concerns at injection visits	11 (46)
Ability to address and optimize management of other patient care needs due to more frequent visits	10 (42)
Ability to ask patients about their experience or concerns with their HIV treatment	9 (38)
Patients' HIV is better controlled	7 (29)
Managing fewer ART prescription refills for CAB + RPV LA patients	4 (17)
Other	2 (8)
None	2 (8)

[a]More than 1 response is allowed; categories are not mutually exclusive. LA, long-acting.

Conclusions

- Early real-world data from US HCPs in the BEYOND study indicates interest in and anticipated uptake of CAB + RPV LA at their sites, positive overall opinion, and multiple benefits of administering the CAB + RPV LA regimen to PWH
- At this early stage of real-world implementation, insurance and reimbursement issues are the main sources of concern for providers
- Many providers believe their patients would be eligible to receive CAB + RPV LA and that setting up appointments and administering injections would be easy
- The perceived benefits of HCP-administered CAB + RPV LA as directly observed therapy included PWH having higher engagement with treatment and assurance of greater treatment adherence

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References: **1.** Cabenuva [prescribing information]. ViiV Healthcare; 2021. **2.** Panel on Antiretroviral Guidelines for Adults and Adolescents. https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf. Accessed August 22, 2022. **3.** Kerrigan et al. *PLoS One.* 2018;13:e0190487. **4.** Swindells et al. *N Engl J Med.* 2020;382:1112-1123. **5.** Orkin et al. *N Engl J Med.* 2020;382:1124-1135.