

# An observational study evaluating long-acting injectable cabotegravir (CAB-LA; APRETUDE) healthcare provider and user experience and utilization for pre-exposure prophylaxis (PrEP) against HIV in Canada (223857)

**First published:** 31/10/2025

**Last updated:** 11/12/2025

Study

Planned

## Administrative details

### EU PAS number

EUPAS1000000801

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### Study ID

1000000801

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### DARWIN EU® study

No

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### Study countries

## Study status

Planned

## Research institutions and networks

### Institutions

#### ViiV Healthcare

**First published:** 01/02/2024

**Last updated:** 01/02/2024

Institution

#### Broadstreet HEOR

## Contact details

### Study institution contact

Call Center ViiV Healthcare UK Limited RD.CTT-  
globalmailbox@gsk.com

Study contact

[RD.CTT-globalmailbox@gsk.com](mailto:RD.CTT-globalmailbox@gsk.com)

### Primary lead investigator

# Call Center ViiV Healthcare UK Limited

Primary lead investigator

## Study timelines

### Date when funding contract was signed

Planned: 03/11/2025

Actual: 01/11/2024

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### Study start date

Planned: 19/12/2025

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### Date of final study report

Planned: 01/02/2028

## Sources of funding

- Pharmaceutical company and other private sector

## More details on funding

ViiV Healthcare ULC

## Study protocol

[HIV Apretude KAB survey and PSP analysis\\_Protocol\\_FINAL-Anonymised.pdf](#)

(1.88 MB)

## Regulatory

**Was the study required by a regulatory body?**

Yes

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**Is the study required by a Risk Management Plan (RMP)?**

Non-EU RMP only

**Methodological aspects**

**Study type**

**Study type list**

**Study topic:**

Disease /health condition

Human medicinal product

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**Study type:**

Non-interventional study

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**Scope of the study:**

Assessment of risk minimisation measure implementation or effectiveness

Drug utilisation

Evaluation of patient-reported outcomes

**Data collection methods:**

Combined primary data collection and secondary use of data

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**Study design:**

Non-interventional study

**Main study objective:**

To evaluate the effectiveness of the aRMMs for CAB-LA within Canada, among HCPs and CAB-LA users.

## Study Design

**Non-interventional study design**

Cohort

Cross-sectional

## Study drug and medical condition

**Medicinal product name**

APRETUDE

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**Study drug International non-proprietary name (INN) or common name**

CABOTEGRAVIR

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**Anatomical Therapeutic Chemical (ATC) code**

(J05AJ04) cabotegravir

cabotegravir

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**Medical condition to be studied**

HIV infection

## Population studied

## Short description of the study population

The study population includes HCPs comprised of physicians, nurses, and pharmacists who prescribe or administer CAB-LA, and users of CAB-LA 16 years of age or older.

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### Age groups

- Adolescents (12 to < 18 years)
  - **Adult and elderly population ( $\geq 18$  years)**
    - Adults (18 to < 65 years)
      - Adults (18 to < 46 years)
      - Adults (46 to < 65 years)
    - Elderly ( $\geq 65$  years)
      - Adults (65 to < 75 years)
      - Adults (75 to < 85 years)
      - Adults (85 years and over)
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### Estimated number of subjects

350

## Study design details

### Setting

A cross-sectional survey of HCPs prescribing/administering CAB-LA and users of CAB-LA, to be conducted from December 2025 – April 2026; and a retrospective analysis of CAB-LA user data in the APRETUDE Supports Patient Support Program database, to be conducted from July 2024 – October 2027.

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### Outcomes

1. Number of HCPs who have used aRMMs for CAB-LA using KAB survey.
2. Number of CAB-LA users who have used aRMMs for CAB-LA using KAB survey.
3. Number of HCPs with knowledge of key CAB-LA risk messages within the HCP-specific aRMMs using KAB survey.
4. Number of users with knowledge of key CAB-LA risk messages within the user-specific aRMMs using KAB survey.
5. HCP (prescribers') attitudes regarding the importance of selecting individuals who will adhere to the CAB-LA dosing schedule and attend follow-up visits using KAB survey.
6. HCP and user behaviors as they relate to key CAB-LA risk messages within the aRMMs using KAB surveys.
7. Description of HCPs' decision-making process regarding the choice between oral PrEP and CAB-LA using HCP surveys.
8. Descriptions of HCPs' experience implementing, prescribing, or managing CAB-LA and oral PrEP in clinical practice and among individuals eligible for PrEP, including HIV-testing using HCP surveys.
9. Description of HCPs' use of CAB-LA oral lead-in and oral bridging using HCP surveys.
10. Description of HCPs' management of pharmacokinetic (PK) tail among those who discontinue CAB-LA using HCP surveys.
11. Description of HCPs' attitudes towards CAB-LA using HCP surveys.
12. Description of CAB-LA users' demographic and clinical characteristics for the participants in the APRETUDE Supports Program database that initiated CAB-LA between.
13. Description of CAB-LA users' decision-making process regarding the choice between oral PrEP and CAB-LA.
14. Description of CAB-LA users' experience using CAB-LA.
15. Description of CAB-LA users' utilization patterns for the participants in the APRETUDE Supports Program database that initiated CAB-LA between 15-July

2024 and October 2026.

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### **Data analysis plan**

The study will primarily be descriptive, survey-based for both CAB-LA users and healthcare providers.

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### **Summary results**

Results will be presented overall for HCPs and CAB-LA users, as well as stratified by characteristics of interest at the end of the study

## Data management

### ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

## Data sources

### **Data source(s), other**

Cross-sectional survey, APRETUDE Supports Patient Support Program [PSP] database.

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### **Data sources (types)**

[Patient surveys](#)

## Use of a Common Data Model (CDM)

## **CDM mapping**

No

## Data quality specifications

### **Check conformance**

Yes

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### **Check completeness**

Yes

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### **Check stability**

Yes

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### **Check logical consistency**

Yes

## Data characterisation

### **Data characterisation conducted**

Yes