

# HIV TREATMENT

## THEN & NOW: STRIDES IN HIV THERAPY

In the last few decades, treatment for HIV has advanced, giving patients more options and better outcomes. Today, the goal is to find ways to achieve sustained viral suppression in patients with HIV.<sup>1</sup>

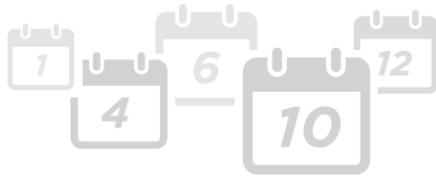
THEN

NOW

### INITIATION

## INITIATION IS DELAYED

Delaying the time it takes to get to undetectable



**1998**

CDC issues national guidelines for antiretroviral therapy (ART), which recommend delaying treatment until CD4 count drops **below 500**<sup>2</sup>

**2012**

DHHS recommends treatment for all individuals with HIV, but stratifies the strength of evidence by CD4 count<sup>3</sup>

**2016**

DHHS first recommends treatment as soon as possible based on the landmark START and TEMPRANO trials, which demonstrated the benefits of early ART initiation<sup>4</sup>

**2019**

DHHS recommends starting treatment

## AS SOON AS POSSIBLE

even as early as same day<sup>1</sup>



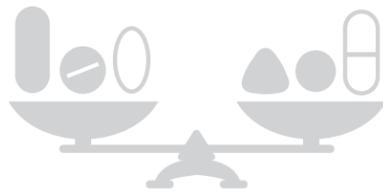
When initiating ART, it is important to educate patients regarding the benefits of ART and to deploy strategies to optimize care engagement and treatment adherence.<sup>1</sup>

*Early initiation of ART led to a 93% decrease in HIV transmission risk<sup>5</sup>*

### TREATMENT

## TREATMENT COCKTAIL + CONCOMITANT MEDICATIONS

to help manage side effects<sup>1,6</sup>



**1995**

As the highly active antiretroviral therapy (HAART) era begins, monotherapy regimens are being phased out<sup>7</sup>

**1997**

Dual NRTIs are now used in a fixed-dose combination to help prevent resistance<sup>2,8</sup>

**2009**

For first time, dual-NRTI/INSTI regimens are recommended by DHHS<sup>9</sup>

**2019**

A MAJORITY OF DHHS-RECOMMENDED REGIMENS CONTAIN **3 COMPONENTS**<sup>1</sup>

**2 NRTIs + 1 INSTI** for achieving and maintaining **VIROLOGIC SUPPRESSION**



*The introduction of triple therapy with HAART in the late 1990s led to a 60%-80% decrease in AIDS-related deaths<sup>10</sup>*

### SUPPRESSION

## MULTIPLE

tablets, times a day, prescriptions make adherence difficult<sup>6</sup>



**1997**

FDA approves the first combination tablet—an important stride in reducing pill burden<sup>7</sup>

**2006**

FDA encourages development of fixed-dose combinations, co-packaged drug products, and single-tablet regimens (STRs) using approved antiretrovirals (ARVs) in hopes of facilitating distribution and improving patient adherence<sup>11</sup>

**2014**

With more treatment options, including STRs, virologic suppression rates increase 20% between 2012 and 2014<sup>12,13</sup>

**2018**

**SINGLE-TABLET REGIMENS WIDELY PRESCRIBED\***

**Simple** administration  
**Single** pill  
**Once** a day



\*HIV treatment market share based on Symphony Healthcare Analytics patient claims data, January 2014-July 2018.

*Continued advancements in treatment and care have contributed to ~60% of diagnosed patients achieving viral suppression<sup>14</sup>*

## WHAT IS YOUR CURRENT HIV TREATMENT APPROACH?

**STOP THE VIRUS.**  
HelpStopTheVirusPro.com

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