


WORKING TOGETHER TO END THE HIV EPIDEMIC.

There are approximately 39,000 people diagnosed with HIV in the US each year!¹ **HELP STOP THE VIRUS PRO** is an initiative to support your work in helping to end the HIV epidemic. The Help Stop the Virus Pro website is designed to deliver insightful, current information about treatment trends and best practices.



TREAT ASAP

According to the DHHS Guidelines, treating HIV as soon as possible, regardless of CD4 count, is the standard of care. Treatment may be deferred on a case-by-case basis, as clinically appropriate.²

[SEE WHAT'S RECOMMENDED >](#)



TREATMENT POW3R

Consider a DHHS-recommended complete therapy based on a dual nucleoside reverse transcriptase inhibitor (NRTI) backbone plus an integrase inhibitor (INSTI).²

[FIND OUT MORE >](#)



MAINTAIN SUPPRESSION

Ongoing adherence to a prescribed regimen is essential for sustaining viral suppression.² Regimens with simple administration, including low pill burden and no food requirement, help improve treatment adherence.^{2,3}

[SIMPLIFY ADMINISTRATION >](#)

GET TREATMENT PERSPECTIVES FROM HIV SPECIALISTS



BASILINE EVALUATIONS

Establish a baseline to help guide patient care



TREATMENT GOALS

Set achievable HIV treatment goals



ADHERENCE

Help patients remain on treatment



SECONDARY TRANSMISSION

Help prevent secondary transmission

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TREATMENT

COMPREHENSIVE HIV THERAPY

TRIPLE THERAPY

HIV DRUG RESISTANCE

LONG-TERM HEALTH

TREATMENT POWER



Patient Considerations



TRIPLE THERAPY: PROVEN RESULTS FOR PATIENTS LIVING WITH HIV

The DHHS Guidelines recommend the use of a complete triple therapy based on a dual NRTI plus an INSTI for treatment initiation.¹

TREATMENT

TREATMENT COCKTAIL + CONCOMITANT MEDICATIONS to help manage side effects^{1,2}

1995 As the HAART era begins, monotherapy regimens are being phased out¹

1997 Dual NRTIs are now used in a fixed-dose combination to help prevent resistance³

2009 For first time, dual-NRTI/INSTI regimens are recommended by DHHS⁴

2018 DHHS RECOMMENDS **3 COMPONENTS** for treatment-naïve patients⁵

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

Download the complete infographic, **HIV Treatment Then and Now: Strides in HIV Therapy**, to see how best practices have changed along with development of new drug regimens.

[DOWNLOAD NOW](#)



PATIENT CONSIDERATIONS WHEN SELECTING A THERAPY

Potential side effects and regimen convenience are important factors when selecting a regimen.¹ Consider a simplified regimen to help patients achieve their treatment goals.

According to the DHHS Guidelines, a regimen that includes all 3 components that is taken one time a day is easier for patients to use.¹ Additionally, individualized care involves specific [treatment considerations](#) for a number of special patient populations and clinical scenarios. These include¹:

- Results of pretreatment genotypic [drug-resistance](#) testing
- From acute infection to established
- High viral load and low CD4 count
- Initiating treatment or switching therapy
- Various health needs: pregnancy, coinfection, comorbidities, and interactions with concomitant medications

[Consider a comprehensive therapy](#) for patients living with HIV.

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REFERENCES:

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