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HIV Treatment

What to Start: Choosing an HIV Regimen

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Key Points

- The use of HIV medicines to treat HIV infection is called <u>antiretroviral therapy (ART)</u>. People on ART take a combination of HIV medicines (called an <u>HIV regimen</u>) every day.
- The U.S. Food and Drug Administration (FDA) has approved more than 30 HIV medicines to treat HIV infection.
- The choice of HIV medicines to include in an HIV regimen depends on a person's individual needs. When choosing an HIV regimen, people with HIV and their health care providers consider many factors, including possible side effects of HIV medicines and potential <u>drug</u> interactions.

What is an HIV regimen?

An <u>HIV regimen</u> is a combination of HIV medicines used to treat HIV infection. HIV treatment (also called <u>antiretroviral therapy or ART</u>) begins with choosing an HIV regimen. People on ART take the HIV medicines in their HIV regimens every day. ART helps people with HIV live longer, healthier lives and reduces the risk of <u>HIV transmission</u>.

The U.S. Food and Drug Administration (FDA) has approved more than 30 HIV medicines to treat HIV infection. Some HIV medicines are available in combination (in other words, two or more different HIV medicines combined in one pill).

HIV medicines are grouped into seven drug classes according to how they fight HIV.

What are the HIV drug classes?

The seven HIV drug classes are:

- Non-nucleoside reverse transcriptase inhibitors (NNRTIs)
- Nucleoside reverse transcriptase inhibitors (NRTIs)
- Protease inhibitors (PIs)
- Fusion inhibitors
- CCR5 antagonists
- Integrase strand transfer inhibitors (INSTIs)
- Post-attachment inhibitors

The choice of HIV medicines to include in an HIV regimen depends on a person's individual needs. Click here to see the <u>AIDS info</u> fact sheet that lists the <u>FDA-approved HIV medicines by drug class</u>.

What factors are considered when choosing an HIV regimen?

When choosing an HIV regimen, people with HIV and their health care providers consider the following factors:

- Other diseases or conditions that the person with HIV may have, such as heart disease or pregnancy.
- · Possible side effects of HIV medicines.
- Potential interactions between HIV medicines or between HIV medicines and other medicines the person with HIV is taking.
- Results of <u>drug-resistance testing</u> (and other tests). Drug-resistance testing identifies which, if any, HIV medicines won't be effective against a person's HIV.
- Convenience of the regimen. For example, a regimen that includes two or more HIV medicines combined in one pill is convenient to follow.
- Any issues that can make it difficult to follow an HIV regimen. For example, a lack of health insurance or an inability to pay for HIV medicines can make it hard to take HIV medicines consistently every day.

The best regimen for a person depends on their individual needs.

How long does it take for HIV medicines to work?

<u>Viral load</u> is the amount of HIV in a person's blood. A main goal of HIV treatment is to reduce a person's viral load to an undetectable level. An <u>undetectable viral load</u> means that the level of HIV in the blood is too low to be detected by a viral load test.

Once HIV treatment is started, it usually takes 3 to 6 months for a person's viral load to reach an undetectable level. Although HIV medicines can't cure HIV, having an undetectable viral load shows that the medicines are controlling a person's HIV. Maintaining an undetectable viral load helps people with HIV live longer, healthier lives. In addition, people with HIV who maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative partners through sex.

This fact sheet is based on information from the following sources:

- From the Department of Health and Human Services: Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV:
 - Adherence to the Continuum of Care
 - Antiretroviral Therapy to Prevent Sexual Transmission of HIV (Treatment as Prevention)
 - Treatment Goals
 - What to Start: Initial Combination Regimens for the Antiretroviral-Naive Patient
- From the Department of Veterans Affairs: Treatment Decisions for HIV