Table 14.1 Definitions of terms for coformulated medications.

Term	*Definition*
Fixed-dose combination (FDC)	Two or more drugs coformulated in a single tablet, but needs to be combined with other agents to make a complete treatment regimen
Fixed-dose regimen (FDR)	Coformulation of multiple drugs into a single tablet that does not need to be combined with other agents to constitute a complete treatment regimen, but may be dosed multiple times per day
Single-tablet regimen (STR)	Coformulation of multiple drugs comprising a complete treatment regimen into a single tablet that is dosed once daily

drugs in a single tablet; however, an FDC still needs to be combined with other agents to compose a complete treatment regimen. A fixed-dose regimen (FDR) is a complete regimen that does not need to be combined with other drugs for the treatment of a chronic illness, but may be dosed multiple times per day. A single-tablet regimen (STR) combines a complete treatment regimen in a single tablet that is dosed once daily. While the benefits of FDCs, FDRs and STRs are applicable to numerous disease states, this chapter focuses on the well-documented clinical advantages of STRs for the lifelong treatment of HIV infection.

Since the advent of highly active antiretroviral therapy (HAART), considerable progress has been made in the treatment of HIV infection. Initially, combination therapy was characterized by high pill burden and multiple daily doses. STRs represent substantial improvements in the treatment of HIV infection by providing all of the components of a safe and effective antiretroviral (ARV) therapy regimen in a single pill that is dosed once daily, thereby allowing for simpler and more convenient treatment (Figure 14.1). Currently, there are three US Food and Drug Administration (FDA)-approved STRs available in the USA (Table 14.2). Two consist of combinations of two nucleoside reverse transcriptase inhibitors (NRTIs) and one non-nucleoside reverse transcriptase inhibitor (NNRTI): efavirenz/emtricitabine/tenofovir disoproxil fumarate (EFV/FTC/TDF) and emtricitabine/rilpivirine/tenofovir disoproxil fumarate (FTC/RPV/TDF). The third and newest STR consists of two NRTIs plus an integrase strand transfer inhibitor (INSTI): elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate (EVG/COBI/FTC/TDF). In addition, one other STR consisting of two NRTIs plus an NNRTI is available in the developing world: efavirenz/lamivudine/tenofovir disoproxil fumarate (EFV/3TC/TDF).[9] Generic versions of the EFV/FTC/TDF STR have also been made available to enable broader use in developing countries.[12] Owing to the widely recognized benefits of STRs, several additional STRs are currently in clinical development (Table 14.2). These include INSTI-based STRs and a protease inhibitor (PI)-based STR: dolutegravir/abacavir/lamivudine (DTG/ABC/3TC), elvitegravir/cobicistat/emtricitabine/GS-7340 (EVG/COBI/FTC/7340) and darunavir/cobicistat/emtricitabine/GS-7340 (DRV/COBI/FTC/7340). Both