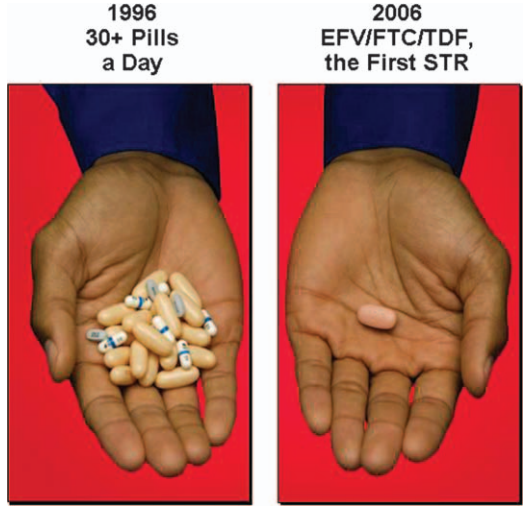

Figure 14.1 Comparison of pill burden of antiretroviral treatment regimens in 1996 and 2006.

Table 14.2 Single-tablet regimens approved and in development.

Regimen	*Antiretroviral drug class*
Approved single-tablet regimens	
EFV/FTC/TDF	Dual NRTI + NNRTI
FTC/RPV/TDF	Dual NRTI + NNRTI
EFV/3TC/TDF[a]	Dual NRTI + NNRTI
EVG/COBI/FTC/TDF	Dual NRTI + INSTI
Single-tablet regimens in development	
DTG/ABC/3TC	Dual NRTI + INSTI
EVG/COBI/FTC/7340	Dual NRTI + INSTI
DRV/COBI/FTC/7340	Dual NRTI + PI

[a]Only available in developing countries.

INSTI- and PI-based STRs are dual-target STRs as they are active against HIV integrase and protease, respectively, in addition to reverse transcriptase. The continued development of additional STRs involving both existing and investigational agents will provide further treatment options for patients seeking regimen simplification.

The clinical benefits of STRs are supported by the Department of Health and Human Services (DHHS) and International Antiviral Society (IAS) HIV treatment guidelines. The DHHS and IAS-USA guidelines recommend regimen simplification when possible to reduce pill burden and dosing frequency.[13,14] Fixed-dose formulations and once-daily regimens are generally preferred both for initial therapy and for convenience.[15] The major rationales behind the support for regimen simplification are to improve the patient's quality of life, maintain long-term adherence, avoid toxicities that may develop with