**BACKGROUND**

- Factors correlated with virologic response to a triple regimen (INSTI-based) included tenofovir. Newer agents with longer half-lives may contribute to a higher virologic response. Although tenofovir (TDF) was more commonly used in the 3-DR group, this did not influence virologic response.
- A sizeable portion of patients were treated with 2-DRs, suggesting that there is a continued evaluation of 2-DRs in clinical trials and real-world settings. Clinicians might be selecting 2-DRs for their more complex patients hoping that regimen simplification increases adherence and reduces complexity, long-term toxicity, drug-drug interactions, and cost of ART.

**RESULTS**

- Table 1 presents demographic characteristics of patients initiating 2-DRs and 3-DRs within the ART-experienced group. Among patients initiating a switch to a 2-DR, 56.9% were white, 27.7% were Hispanic, and 13.9% were Asian. The median age at switch was 41 years (IQR: 34-47), and the median CD4 count was 404 cells/μL (IQR: 188-702).
- Among patients receiving 2-DR ART, 14% had a baseline CD4 count < 50 cells/μL, 10% had a baseline HIV RNA > 200,000 copies/mL, and 6% had a baseline BMI > 35. Among patients receiving 3-DR ART, 12% had a baseline CD4 count < 50 cells/μL, 8% had a baseline HIV RNA > 200,000 copies/mL, and 6% had a baseline BMI > 35.

**DISCUSSION**

- The study population was identified from the OPERA Observational Network, a collaboration of 13 HIV care providers at 15 community and university-based HIV clinics in 15 U.S. states following 79,803 people living with HIV.
- Patients were observed from regimen start date (baseline) until regimen discontinuation (d/c), loss to follow-up, death, or study end.
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- The study population included ART-experienced patients initiating 2-DR or 3-DR regimens (29,505) following switch.

**METHODS**

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