AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

HIV/AIDS Medication Treatment

Quick Reference Guide

2026

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LANDSCAPE OF HIV/AIDS MEDICATIONS IN VBC

Antiretroviral therapy (**ART**) is a lifelong, oral (and increasingly injectable) medication regimen used to treat HIV infection.[1,2] Its primary and most well-established benefit is **achieving and maintaining sustained virologic suppression**, defined as a plasma **HIV RNA** (viral load) **below 200 copies/mL**, which improves overall health and effectively eliminates sexual transmission of HIV.[1,3] Virologic suppression with ART is associated with **dramatically reduced rates of AIDS-defining events**, a narrowing of the life expectancy gap to within 5 years of the general population for those who achieve CD4 counts above 500 cells/μL, and **significant reductions in non-AIDS complications** including cardiovascular disease, non-AIDS malignancies, renal disease, and neurocognitive decline.[1,2,4] In the landmark **START trial**, the highest absolute risk reduction of serious AIDS and non-AIDS events with immediate ART was observed in participants aged 50 years and older.[5]

HIV infection remains a significant public health challenge in the United States, with an estimated **1.2 million adults** currently living with HIV.[6] Approximately **30,000–35,000** new infections occur annually, with **persistent racial and ethnic disparities**—Black/African American and Hispanic/Latino populations are disproportionately affected.[7] Critically for primary care providers, the demographics of the **HIV-positive population are shifting**: in 2022, **38%** of people with HIV were **aged 55 years or older**, and **13.2%** were **aged 65 or older**, proportions that are expected to increase steadily.[8] Older adults accounted for **1 in 6** new HIV diagnoses in 2022, and **more than half** of older adults newly diagnosed with HIV present at a **late stage of disease** (CD4 count <350 cells/μL)—a lost opportunity for **early treatment** and **prevention of transmission**.[9,10]

HIV-associated morbidity in older adults is substantial. People with HIV have a **1.5- to 2-fold** increased risk of **atherosclerotic cardiovascular disease** (**ASCVD**), with incident ASCVD occurring approximately a decade earlier than in the general population.[8] **Heart disease** and **cancer** are the leading causes of death in older people with HIV.[8] **Additional comorbidities**—including chronic kidney disease, osteoporosis, diabetes, neurocognitive impairment, depression, and frailty—occur at **higher rates** and **earlier ages** compared to age-matched HIV-negative individuals.[11,12] A simulation study projects that by 2030, **45%** of people with HIV on ART will be living with **two or more** physical comorbidities and **64%** with **at least one** mental health comorbidity.[13] The economic burden is correspondingly high: the estimated average discounted lifetime HIV-related medical cost per person is approximately **$420,000**, with ART medications comprising roughly **74%** of total costs.[14,15] Annual wholesale acquisition costs (WAC) for first-line ART regimens recommended for most people with HIV range from approximately **$23,000 to $39,000**, having nearly **doubled over the preceding decade**; even with newer generic options, all guideline-recommended initial regimens **exceed $36,000 per year** at list price. Medicare spending on people with HIV was estimated at **$11 billion** in fiscal year 2019, approximately half on Part D prescription drugs. **Antiretrovirals are one of six protected drug classes under Medicare Part D**, requiring plans to provide access to all or substantially all FDA-approved antiretrovirals. Beginning in 2025, the Inflation Reduction Act established a **$2,000 annual out-of-pocket spending cap** for Part D, and several antiretroviral drugs are potentially subject to **Medicare price negotiation** beginning in 2028.

AAVBC PERSPECTIVE

***AAVBC Tip**: High-value HIV care in older adults begins with **timely diagnosis** and **rapid ART initiation**. **The USPSTF** recommends HIV screening for all individuals aged 15–65 years and older adults at increased risk (**A** recommendation).[16] However, **other US guidelines are more inclusive**: the **CDC** recommends routine opt-out screening **through age 64**,[10] the **DHHS/OARAC** guidelines emphasize routine screening of **asymptomatic older adults** given*