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May 1, 2012

Submitted via email to: medadhere@hhs.gov

Vice Admiral Regina Marcia Benjamin, USPHS, MD, MBA
Surgeon General of the United States
Department of Health and Human Services
Office of the Surgeon General
Room 710-H
200 Independence Avenue, SW
Washington, DC 20201

Subject: Request for Information on Prescription Medication Adherence
[FR Doc. 2012-8179]

Dear Dr. Benjamin:

The HIV Medicine Association (HIVMA) appreciates the opportunity to offer comments on strategies to improve medication adherence in adults with chronic conditions. HIVMA represents nearly 5,000 medical providers and researchers working on the frontlines of the HIV epidemic across the United States.

For our patients with HIV infection, access to affordable comprehensive HIV medical and support services is critical to support adherence to *both care and treatment* necessary for successful outcomes. More than two decades of targeted research have produced a large evidence base on strategies for overcoming barriers to medication adherence to improve health outcomes and public health.¹ A range of issues affect HIV-infected patients' adherence to care and treatment, including lack of coverage for antiretroviral medications and associated co-payments, HIV-related stigma, high rates of comorbidities such as mental illness, viral hepatitis and substance use, and poor access to support services, such as case management and transportation.

The HHS's recently updated *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*² highlight the significant progress that has been made regarding determinants, measurements and interventions to improve adherence to ART. The HHS guidelines reference and mirror the *Medication Adherence Chapter* of the CDC's newly updated *Compendium of Evidence-Based HIV Behavioral Interventions*.³

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Medication adherence also figures prominently in the National HIV/AIDS Strategy (NHAS), with respect to all three of its goals of reducing new infections, increasing access to quality care for people living with HIV, and reducing HIV-related health disparities. Improvement of ART adherence is a specific objective of the NHAS implementation plan goal to reduce by 20 percent the proportion of HIV diagnosed MSM, Blacks and Hispanics with undetectable viral load by the year 2015.⁴

Thank you for your consideration. Please contact HIVMA's Executive Director, Andrea Weddle (aweddle@hivma.org) with questions on this issue.

Sincerely,

A handwritten signature in blue ink that reads "Judith A. Aberg". The signature is fluid and cursive, with the first name being the most prominent.

Judith A. Aberg, MD, FIDSA
Chair, HIV Medicine Association Board of Directors

¹ On March 5, 2012, the Annals of Internal Medicine e-published The International Association of Physicians in AIDS Care's (IAPAC's) new [Guidelines for Improving Entry into and Retention in Care and Antiretroviral Adherence for Persons with HIV](#).

² Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents (updated March 27, 2012). Department of Health and Human Services. 1–239. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf.Section> on "Limitations to Treatment Safety and Efficacy," accessed April 4, 2012 (pp. K1 – K4).

³ Centers for Disease Control and Prevention (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS Prevention (DHAP), <http://www.cdc.gov/hiv/topics/research/prs/ma-chapter.htm> (accessed April 4, 2012).

⁴ White House "National HIV/AIDS Strategy Implementation Plan," accessed online on 4/27/2012 at: <http://www.whitehouse.gov/files/documents/nhas-implementation.pdf>