

# MATHEMATICA

## Policy Research

DATA TYPE SUMMARY	DATA TYPE
Abstractor and Site Information	Name
	Date
	Type 1 Site ID
	Type 2 Site ID
Demographic information	Client Identifier
	Age
	Gender
Initial HIV diagnosis	Month and year of initial HIV diagnosis
Medical visit frequency	Number of medical visits in 2018
	At least one outpatient medical visit during first 9 months of 2018
	Second outpatient medical visit at least 90 days after any previous visit in first 9 months of 2018
	Medical visit data source
Prescription of ART	Any ART prescription during 2018
	ART prescription data source
Viral load suppression	At least one viral load test in 2018
	Most recent viral load test result in 2018
	Viral load data source

\* This value will be pre-populated from the 2017 RSR.

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a burden estimate and a reporting burden statement. The reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

## INSTRUCTIONS

The name of the person doing chart abstraction/data collection

The date of data collection/medical chart abstraction

The Type 1 provider side ID

The Type 2 provider side ID

Client's eUCI or encrypted client identifier\*

Client's current age\*

Client's current gender\*

Enter month and year, if known, of initial HIV diagnosis

Enter number of client's medical visits in 2018. Medical visits are defined as the provision of professional diagnostic and therapeutic services by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital outpatient treatment center), consistent with HHS guidelines and including access to antiretroviral and other drug therapies, including opportunistic infections and combination antiretroviral therapies. Allowable services include: Diagnostic testing • Early intervention and screening • Practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions • Medication therapy • Education and counseling on health issues • Well-baby care • Continuing care and management of chronic HIV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services)

Answer yes, no, or unknown if the client had at least one outpatient medical visit in 2018.

Answer yes, no, or unknown if the client had a second outpatient medical visit at least 90 days after any previous medical visit.

Indicate whether the information found in the medical record regarding the client's medical visits is a primary or secondary source.

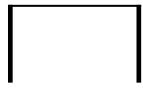
Answer yes, no, or unknown if the client had an ART prescribed in 2018. See list of HIV medicines approved by FDA.

Indicate whether the information found in the medical record regarding the client's ART prescription is a primary or secondary source.

Answer yes, no, or unknown if the client had at least one viral load test in 2018.

Answer <200 copies/ml, ≥200 copies/ml, or unknown to record the client's last viral test load result in 2018.

Indicate whether the information found in the client's medical record regarding the viral load test is a primary or secondary source.



## Drug Class

### Nucleoside Reverse Transcriptase I

NRTIs block **reverse transcriptase**, an **enzyme** HIV needs to make copies of itself.

### Non-Nucleoside Reverse Transcript

NNRTIs bind to and later alter reverse transcriptase, an enzyme HIV needs to make copies of itself.

### Protease Inhibitors (PIs) (N = 6)

PIs block **HIV protease**, an **enzyme** HIV

### Fusion Inhibitors (N 1)

Fusion inhibitors block HIV from entering the **CD4 cells** of the **CCR5 antagonists (N=1)**

CCR5 antagonists block CCR5

coreceptors on the surface of

Integrase Inhibitors (N= 2)

Integrase inhibitors block HIV integras-

Post-Attachment Inhibitors (N = 1)

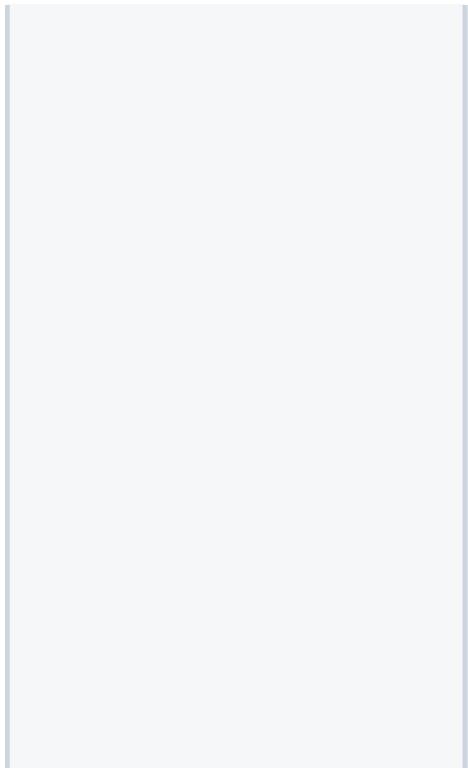
Post-attachment inhibitors  
block CD4 receptors on the  
surface of certain immune  
cells that HIV needs to enter.

Pharmacokinetic Enhancers (N= 1)

Pharmacokinetic enhancers  
are used in HIV treatment to  
increase the effectiveness of

Combination HIV medicines (N= 21)

Combination HIV medicines  
contain two or more HIV  
medicines from one or more  
drug classes.



<https://aidsinfo.nih.gov/understanding-aids>

<b>Generic Name (Other names and acronyms)</b>	<b>Brand Name</b>
<u><a href="#">Nucleoside Reverse Transcriptase Inhibitors (NRTIs) (N = 5)</a></u>	
<u>abacavir</u> (abacavir sulfate, ABC)	Ziagen
<u>emtricitabine</u> (FTC)	Emtriva
<u>lamivudine</u> (3TC)	Epivir
<u>tenofovir disoproxil fumarate</u> (tenofovir DF, TDF)	Viread
<u>zidovudine</u> (azidothymidine, AZT, ZDV)	Retrovir
<u><a href="#">Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs) (N = 5)</a></u>	
<u>doravirine</u> (DOR)	Pifeltro
<u>efavirenz</u> (EFV)	Sustiva
<u>etravirine</u> (ETR)	Intelence
<u>nevirapine</u> (extended-release nevirapine, NVP)	Viramune Viramune XR (extended release)
<u>rilpivirine</u> (rilpivirine hydrochloride, RPV)	Edurant
<u><a href="#">Protease Inhibitors (PIs) (N = 5)</a></u>	
<u>atazanavir</u> (atazanavir sulfate, ATV)	Reyataz
<u>darunavir</u> (darunavir ethanolate, DRV)	Prezista
<u>fosamprenavir</u> (fosamprenavir calcium, FOS-APV, FPV)	Lexiva
<u>ritonavir</u> (RTV)	Norvir
*Although ritonavir is a PI, it is generally used as a pharmacokinetic enhancer as recommended in the <i>Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV</i> and the <i>Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection</i> .	
<u>saquinavir</u> (saquinavir mesylate, SQV)	Invirase
<u>tipranavir</u> (TPV)	Aptivus
<u>enfuvirtide</u> (T-20)	Fuzeon
<u>maraviroc</u>	Selzentry

(MVC)	
<u>dolutegravir</u> (DTG, dolutegravir sodium)	Tivicay
<u>raltegravir</u> (raltegravir potassium, RAL)	Isentress Isentress HD
<u>ibalizumab</u> (Hu5A8, IBA, Ibalizumab-uiyk, TMB-355, TNX-355)	Trogarzo
<u>cobicistat</u> (COBI)	Tybost
<u>abacavir and lamivudine</u> (abacavir sulfate / lamivudine, ABC / 3TC)	Epzicom
<u>abacavir, dolutegravir, and lamivudine</u> (abacavir sulfate / dolutegravir sodium / lamivudine, ABC / DTG / 3TC)	Triumeq
<u>abacavir, lamivudine, and zidovudine</u> (abacavir sulfate / lamivudine / zidovudine, ABC / 3TC / ZDV)	Trizivir
<u>atazanavir and cobicistat</u> (atazanavir sulfate / cobicistat, ATV / COBI)	Evotaz
<u>bictegravir, emtricitabine, and tenofovir alafenamide</u> (bictegravir sodium / emtricitabine / tenofovir alafenamide fumarate, BIC / FTC / TAF)	Biktarvy
<u>darunavir and cobicistat</u> (darunavir ethanolate / cobicistat, DRV / COBI)	Prezcobix
<u>darunavir, cobicistat, emtricitabine, and tenofovir alafenamide</u> (darunavir ethanolate / cobicistat / emtricitabine / tenofovir AF, darunavir ethanolate / cobicistat / emtricitabine / tenofovir alafenamide, darunavir / cobicistat / emtricitabine / tenofovir AF, darunavir / cobicistat / emtricitabine / tenofovir alafenamide fumarate, DRV / COBI / FTC / TAF)	Syntuza
<u>dolutegravir and rilpivirine</u> (dolutegravir sodium / rilpivirine hydrochloride, DTG / RPV)	Juluca
<u>doravirine, lamivudine, and tenofovir disoproxil fumarate</u> (doravirine / lamivudine / TDF, doravirine / lamivudine / tenofovir DF, DOR / 3TC / TDF)	Delstrigo
<u>efavirenz, emtricitabine, and tenofovir disoproxil fumarate</u> (efavirenz / emtricitabine / tenofovir DF, EFV / FTC / TDF)	Atripla
<u>efavirenz, lamivudine, and tenofovir disoproxil fumarate</u> (EFV / 3TC / TDF)	Symfi
<u>efavirenz, lamivudine, and tenofovir disoproxil fumarate</u> (EFV / 3TC / TDF)	Symfi Lo
<u>elvitegravir, cobicistat, emtricitabine, and tenofovir alafenamide</u> (elvitegravir / cobicistat / emtricitabine / tenofovir alafenamide fumarate, EVG / COBI / FTC / TAF)	Genvoya
<u>elvitegravir, cobicistat, emtricitabine, and tenofovir disoproxil fumarate</u> (QUAD, EVG / COBI / FTC / TDF)	Stribild

<u>emtricitabine, rilpivirine, and tenofovir alafenamide</u> (emtricitabine / rilpivirine / tenofovir AF, emtricitabine / rilpivirine / tenofovir alafenamide fumarate, emtricitabine / rilpivirine hydrochloride / tenofovir AF, emtricitabine / rilpivirine hydrochloride / tenofovir alafenamide, emtricitabine / rilpivirine hydrochloride / tenofovir alafenamide fumarate, FTC / RPV / TAF)	Odefsey
<u>emtricitabine, rilpivirine, and tenofovir disoproxil fumarate</u> (emtricitabine / rilpivirine hydrochloride / tenofovir disoproxil fumarate, emtricitabine / rilpivirine / tenofovir, FTC / RPV / TDF)	Complera
<u>emtricitabine and tenofovir alafenamide</u> (emtricitabine / tenofovir AF, emtricitabine / tenofovir alafenamide fumarate, FTC / TAF)	Descovy
<u>emtricitabine and tenofovir disoproxil fumarate</u> (emtricitabine / tenofovir DF, FTC / TDF)	Truvada
<u>lamivudine and tenofovir disoproxil fumarate</u> (Temixys, 3TC / TDF)	Cimduo
<u>lamivudine and zidovudine</u> (3TC / ZDV)	Combivir
<u>lopinavir and ritonavir</u> (ritonavir-boosted lopinavir, LPV/r, LPV / RTV)	Kaletra

<https://www.fda.gov/drugs-at-fda/fact-sheets/21/58/fda-approved-hiv-medicines/>

FDA Approval Date
17-Dec-98
2-Jul-03
17-Nov-95
26-Oct-01
19-Mar-87
30-Aug-18
17-Sep-98
18-Jan-08
21-Jun-96
25-Mar-11
20-May-11
20-Jun-03
23-Jun-06
20-Oct-03
1-Mar-96
6-Dec-95
22-Jun-05
13-Mar-03
6-Aug-07

August 13, 2013
12-Oct-07
May 26, 2017
6-Mar-18
24-Sep-14
2-Aug-04
22-Aug-14
14-Nov-00
29-Jan-15
7-Feb-18
29-Jan-15
July 17, 2018
21-Nov-17
30-Aug-18
12-Jul-06
22-Mar-18
5-Feb-18
5-Nov-15
27-Aug-12

1-Mar-16
10-Aug-11
4-Apr-16
2-Aug-04
28-Feb-18
27-Sep-97
15-Sep-00

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## Policy Research

**Public Burden Statement:** An agency may not conduct or require the performance of a survey if it does not display a valid OMB control number. The OMB control number for this project is 3100-0001. This statement is provided to inform respondents of their rights and the burden associated with this survey. The burden is the estimated time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Respondents should consider whether they need to purchase software or otherwise pay for assistance in completing the information collection. If you believe that your burden is significantly different from the burden estimate, you may request a copy of the OMB Control Number and the OMB burden estimate by writing to the Office of Management and Budget, Attention: Desk Officer for OMB Control Number 3100-0001, Washington, DC 20503.

Abstractor and provider information			
Abstractor name	Abstraction date	Type 1 provider encrypted ID	Type 2 provider encrypted ID

ct or sponsor, and a person is not required to respond to, a collection of information unless it displays a curi  
0915-xxxx. Public reporting burden for this collection of information is estimated to average xx hours per re  
a sources, and completing and reviewing the collection of information. Send comments regarding this burde  
gestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Ro

Demographic information (for validation of record)			Initial HIV diagnosis
Client encrypted ID (eUCI)	Client age	Client gender	Month and year of initial HIV diagnosis

ently valid OMB control  
esponse, including the  
en estimate or any other  
ockville, Maryland, 20857.

OMB Number: 0915-XXXX  
Expiration date: XX/XX/20XX

<b>HIV medical visit frequency (HRSA)</b>			
Number of outpatient medical visits in 2018 (see defintion)	At least one outpatient medical visit in 2018	Second outpatient medical visit at least 90 days after any previous visit in first 9 months of 2018	Medical visit data source

<b>Prescription of ART (NQF #2083)</b>	<b>Viral load suppression (NQF #2082)</b>		
Any ART prescription in 2018 (see list of HIV medicines)	ART prescription data source	At least one viral load test in 2018	Last viral load test result in 2018

	<b>Notes</b>
Viral load data source	Additional Information from the Abstractor