In this study, we utilized EMR, prescription, and pharmacy dispensing data to assess STR and MTR adherence and persist with contemporary regimens in a network of clinical practices. Data were obtained for patients who initiated their 1st ARV between Jan 2015 and Dec 2016. Key summary points are:

- Of 1499 patients, 66% (982) received STR and 34% (517) MTR
- Higher CD4 counts, male, Hispanic, non-black race, and/or higher mean eGFR were associated with STR
- Adherence was greater with STR compared to MTR as determined by both MPR and PDC
- Higher CD4 counts, male, Hispanic, non-black race, and/or higher mean eGFR were associated with STR
- Adherence was categorized utilizing 80%+ PDC adherence. Within the STR group, adherence was associated with older age and white race. Within the MTR group, adherence was associated with black race. Within the MTR group, adherence was associated with black race.
- Within the MTR group.

This study was funded by Viiv Healthcare