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Studies Currently Enrolling

Protocol/Study Name	Synopsis	Inclusion	Exclusion
TMC114FD2HTX3001 (AMBER)	A phase 3 randomized active controlled double blind study to evaluate efficacy and safety of D/C/F/TAF once daily fixed dose combination regimen versus a regimen consisting of darunavir/cobicistat fixed dose combination coadministered with emtricitabine/tenofovir disoproxil fumarate fixed dose combination in ART-naïve HIV-1 infected subjects.	-ARV naïve -VL > 1000 -Genotype report must have full sensitivity to DRV, TDF and FTC	-HCV antibody positive (cured of hep C allowed) -Hep B sAG positive
TMB-301	A Phase 3, Single Arm, 24-Week, Multicenter Study of Ibalizumab Plus an Optimized Background Regimen (OBR) in Treatment-Experienced Patients Infected With Multi-Drug Resistant HIV-1	-VL > 1000 -Documented resistance to at least one ARV from each of three classes -Full sensitivity to at least one ARV other than ibaluzimab -Currently receiving therapy for at least 8 weeks prior to screen OR in the past 8 weeks, has failed and are off therapy	-Any prior exposure to ibalizumab -Any immunomodulating therapy, systemic steroids or chemotherapy within 12 weeks before enrollment

AMAREX	A Multi-center, Randomized, Double-blind, Placebo-controlled Trial, Followed by Single-arm Treatment of PRO 140 in Combination With Optimized Background Therapy in Treatment-Experienced HIV-1 Subjects.	-Treatment-experienced HIV-infected patients -Documented genotypic or phenotypic resistance to ART drugs within two or more drug classes who demonstrate evidence of HIV-1 replication despite ongoing antiretroviral therapy -Plasma HIV-1 RNA $\geq$ 400 copies/mL at Screening Visit	-Patients with no viable treatment options -Documented CXCR4-tropic virus or Dual/Mixed tropic (R5X4) virus
RAND (START Program)	A multi-center, randomized controlled trial of the ARP adherence intervention for HIV clients starting or restarting ART for the purpose of achieving and sustaining optimal levels of ART adherence and virologic suppression. Eligible participants will be randomized to receive either the ARP intervention or usual care (no intervention).	-Patient is medically appropriate to begin (ART naïve) or restart ART (has been off treatment for at least 2 months) -Either (1) plans to start/restart the patient on ART, or (2) would like to start/restart the patient on ART but the provider or patient is uncertain about the patient's readiness to adhere well. -Non-Adherent patients on ARV regimens but taking very little of their ARVs must meet all the following: i) 2 or more HIV viral load tests in the past year > 1000 copies/ml ii) no HIV viral load tests that were undetectable in the past year iii) a genotype in the past year that does not show resistance as a reason for virologic failure (detectable viral load) iv) primary care provider views the patient as a good candidate for the study, with the understanding that the patient will interrupt ART if assigned to the intervention.	-Patient just tested HIV+ and their provider suspects the patient may be acutely or recently infected (within past 6 months). i.e. Doctor wants specific treatment now for PTs with high viral loads