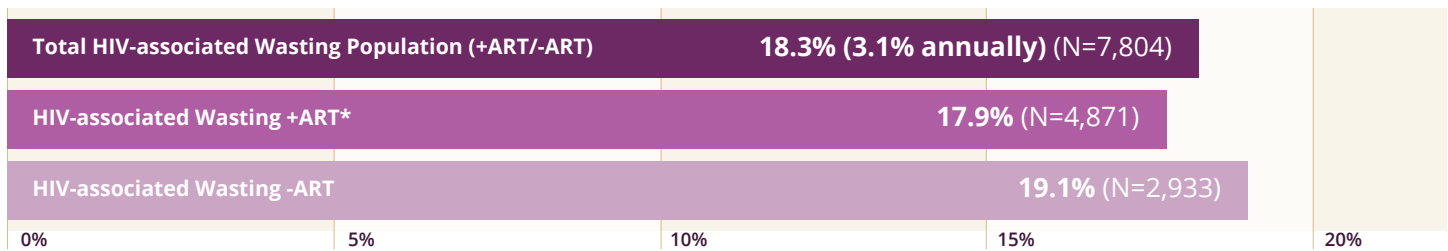


Results¹

Estimated HIV-associated Wasting Prevalence

- Among the HIV+ Study Population (n=42,587), 63.9% were on ART (n=27,223), 36.1% were not on ART (n=15,364)
- Across the span of the 6 year Retrospective Medical and Pharmacy Claims analysis (2012-2018[†]), it was estimated that 18.3% of HIV-positive patients were identified as having HIV-associated Wasting (~ 3.1% annually)
 - 18.3% (3.1% annually) of HIV-positive patients were identified as having HIV-associated Wasting
 - 17.9% of patients were on antiretroviral therapy
 - 19.1% were not on antiretroviral therapy

Estimated HIV-associated Wasting Prevalence During a 6 Year Period (2012-2018)



*On ART is defined as ≥ 1 pharmacy claim of any ART 12-months post-HIV index
[†]2012-2013 includes Medicaid only

Baseline Demographics and Insurance Status

- A majority of patients in this study were male
 - The HIV-associated Wasting cohort was older at HIV index compared to non-HIV-associated Wasting
- A greater number of people living with HIV-associated Wasting were insured by Medicaid

	Non-HIVAW cohort N=34,783	HIVAW cohort N=7,804
Male, n (%)	22,700 (65.3)	4,816 (61.7)
Age on HIV index date		
Mean (SD)	43.5 (12.5)	46.4 (12.0)
18 - 39 years of age, n (%)	12,805 (36.8)	2,100 (26.9)
40 - 64 years of age, n (%)	20,908 (60.1)	5,330 (68.3)
65+ years of age, n (%)	1,070 (3.1)	374 (4.8)
Commercial, n (%)	12,806 (36.8)	1,040 (13.3)
Commercial and Medicare supplement Population Region, n (%)^a	n=12,806	n=1,040
Northeast	2,367 (18.5)	166 (16.0)
North Central	1,530 (11.9)	127 (12.2)
South	7,184 (56.1)	612 (58.8)
West	1,706 (13.3)	133 (12.8)
Unknown	19 (0.2)	2 (0.2)
Medicaid, n (%)	21,977 (63.8)	6,764 (86.7)
Medicare Dual eligible ^b , n (%)	9,090 (41.4)	2,597 (38.4)
Race for Medicaid Population, n (%)^a	n=19,248	n=5,960
White	4,701 (24.4)	1,576 (26.4)
Black	14,066 (73.1)	4,274 (71.7)
Hispanic	286 (1.5)	61 (1.0)
Other	195 (1.0)	49 (0.8)

P-values for non-HIV-associated-Wasting versus HIV-associated Wasting were all < 0.0001

a. There were missing values in each group, region was only available in the Commercial and Medicare Supplemental databases and race was only available in the Medicaid database

b. People who are dual eligible qualify for both Medicare and Medicaid benefits