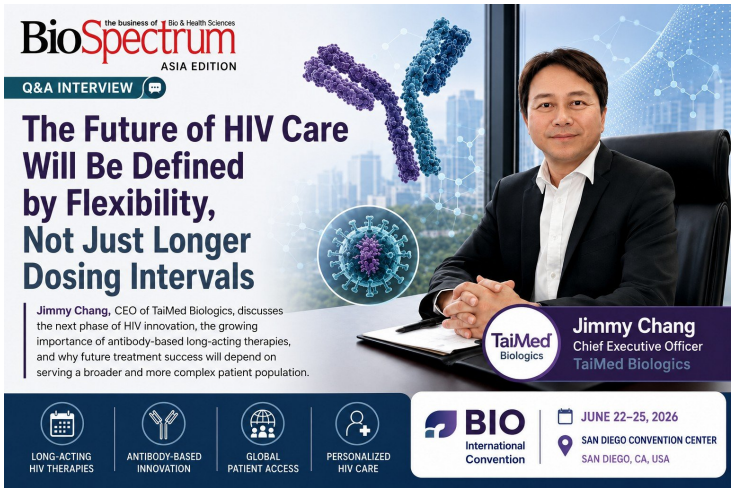
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The Future of HIV Care Will Be Defined by Flexibility, Not Just Longer Dosing Intervals

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Jimmy Chang, CEO of TaiMed Biologics, discusses the next phase of HIV innovation, the growing importance of antibody-based long-acting therapies, and why future treatment success will depend on serving a broader and more complex patient population.



Few therapeutic areas have witnessed the level of progress achieved in HIV over the past three decades. Yet as people living with HIV live longer and increasingly manage multiple chronic conditions, the demands on treatment strategies are evolving. The next generation of HIV therapies will need to do more than maintain viral suppression—they must also accommodate diverse patient needs, reduce treatment complexity, and integrate seamlessly into long-term care. **At BIO International Convention 2026 in San Diego, BioSpectrum Asia spoke with Jimmy Chang, CEO of TaiMed Biologics,** about the future of long-acting HIV therapies, the company's antibody-based treatment approach, and why the industry's next challenge is delivering durable, flexible solutions for an increasingly complex patient population.

HIV innovation continues despite major treatment advances. Where are the next opportunities?

The HIV field has made extraordinary progress, but important needs remain. The next opportunities are not only about making treatment more convenient — they are also about making it work for a broader range of patients in real-world care. That means focusing on long-acting options that can combine durable viral suppression with broader applicability, reduced treatment complexity, and better fit for aging patient populations who are increasingly managing comorbidities and multiple medications.

At TaiMed, we believe the next phase of innovation will come from therapies that are evaluated not just by dosing interval, but by who can realistically receive them, how well they fit long-term care, and whether they can maintain suppression without adding unnecessary complexity. Those are the dimensions that will increasingly define meaningful progress in HIV treatment.

How important are long-acting therapies for future HIV management?

They're central to the management of HIV but the value of long-acting therapies goes beyond convenience. Long-acting therapies matter because they give patients and physicians genuine choice beyond the daily oral model, and because they let us match a regimen to a patient's clinical reality rather than fitting every patient to one approach.

At Taimed, we believe – in contrast to some current trends in the field - that progress does not necessarily equal a longer dosing interval. The more important questions are whether a long-acting therapy holds up over time, how it fits alongside a patient's other conditions and medications, and how much clinical oversight and flexibility it gives the treating physician. The field is still learning what the best long-acting models look like, and we think that's exactly the right conversation to be having.

What differentiates your antibody approach from competitors?

The starting point is the breadth of patients we're designing for. The HIV population is changing and aging, with roughly half of people living with HIV in the U.S. now over 50, which brings comorbidities, polypharmacy, and a real risk of drug-drug interactions. But the goal isn't a therapy built for one subgroup. It's a regimen designed to be accommodating across a wide range of patients and clinical situations, including those whose care is complicated by other conditions and medications.

Our lead clinical candidate, TMB-365/380, is designed with that inclusivity in mind. It's an investigational dual-antibody combination being developed as a complete long-acting maintenance regimen for virologically suppressed adults, pairing two complementary mechanisms: one antibody targets the CD4 receptor on host T cells, and the other targets the virus directly. Because it's an antibody-only regimen developed without a small-molecule backbone, it's intended to ease some of the interaction and polypharmacy concerns that increasingly shape long-term HIV care. That's the lens for TaiMed: a long-acting therapy should be judged not only on dosing interval, but on how well it fits the full range of patients who will be living with it for years.

How do you view expansion opportunities across emerging markets?

HIV is a global disease, and treatment needs differ enormously across health systems — so we think about expansion in terms of *fit*, not just footprint. The question isn't only where a therapy could go commercially, but whether its design makes it practical and relevant across very different care settings and patient populations.

That's where an antibody-based, long-acting regimen has potential to be valuable in markets where simplifying long-term management matters. As our programs advance, partnerships will be an important part of how we bring these innovations to patients globally, and we'll be thinking carefully about what each healthcare system actually needs rather than simply adding another option to the shelf.

What does the future HIV treatment paradigm look like?

We believe the future HIV treatment paradigm will be more personalized, more flexible, and more long-acting. Daily oral therapy will remain important, but it will increasingly sit alongside a wider set of maintenance options designed for different patient needs and clinical contexts. In that future, success will not be defined by convenience alone, but by how well a therapy fits the realities of long-term care.

That means the field will likely move toward a broader standard for innovation — one that includes durability, eligibility, treatment simplicity, resistance profile, and fit for patients living with comorbidities and polypharmacy. At TaiMed, we believe that is where the next wave of value in HIV treatment will be created, and we are developing our antibody-based approach with that future in mind.