



Ask POZ – July/August 2021

HIV treatment usually requires daily pills, but longer-acting regimens are gaining ground.

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Do I need to take meds daily?

Standard antiretroviral treatment requires taking pills each day. Good adherence to this schedule keeps drug levels in the body high enough to maintain an undetectable viral load, which prevents disease progression and transmission of the virus. Fortunately, many people—especially those who are newly diagnosed with HIV—can take a single combination pill once daily, making modern treatment much easier and more convenient than it was in the past.

Nonetheless, treatment that can be taken less often is an active area of research. Some studies have found that taking meds just four or five days a week can maintain viral suppression as well as daily pills. But this is not a recommended approach, and you shouldn't take treatment breaks without consulting your doctor.

Some people who have trouble taking daily pills may be able to switch to Cabenuva, a long-acting injectable regimen. This involves visiting a health care provider to get two injections each month (an every-other-month schedule is under evaluation). Trogarzo involves IV infusions every two weeks, but it is indicated only for people with highly resistant HIV, and it must be used in addition to daily pills.

Further back in the pipeline, the long-acting islatravir pill has the potential for once-weekly dosing; it is being studied in combination with another long-acting drug dubbed MK-8507.

Lenacapavir, the first HIV capsid inhibitor, remains at high enough levels in the body to be given by injection once every six months. Studies of oral and injectable combinations of islatravir and lenacapavir are expected to start soon. Broadly neutralizing antibodies against HIV may also have the potential to be used in long-acting combination regimens for HIV treatment and prevention.

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