



Treating HIV With Just Tivicay Is Not a Good Idea After All

Initially, a recent study had shown promise that dolutegravir monotherapy was as effective as combination therapy.

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The attempt to reduce pill burden, cost and other risks associated with antiretrovirals (ARVs) by treating HIV with only Tivicay rather than a combination ARV regimen turns out to be ill advised, Healio reports.

Publishing their findings in *The Lancet HIV*, researchers from the open-label Phase II noninferiority DOMONO study recruited 104 people on stable combination ARV treatment, switching 51 of them to once-daily Tivicay monotherapy immediately and then switching the remaining 53 people to Tivicay monotherapy (as single-drug regimens are called) after a 24-week deferral period during which they continued on their previous combination ARV regimen.

At the end of the initial 24-week period, 2 percent of those in the group that switched to Tivicay immediately had a viral load of 200 or higher, compared with none of those in the group that remained on combination therapy during this period. At the 48-week mark, 8 percent of the 95 percent who were still on Tivicay monotherapy at that point had a virologic failure, including six of those in the immediate-switch group and two in the deferred-switch group. Three of these participants developed viral mutations associated with resistance to integrase inhibitors, the ARV class to which Tivicay belongs.

As a result of these negative outcomes, the researchers terminated the study early and ultimately concluded that Tivicay monotherapy should not be recommended.

To read the Healio article, [click here](#).

To read the study abstract, [click here](#).

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