HIV Treatment

Switching HIV Treatment

Let's face it: No one drug or combination regimen is going to work for everyone forever. Many people living with HIV, especially those who start treatment promptly using modern antiretrovirals, can stay on their first regimen for a long time. But others may have trouble taking their meds consistently, struggle with side effects, are unable to keep their viral load suppressed—or they may simply want a new regimen that is more convenient. Today, all widely used HIV regimens are generally safe and effective, so decisions about switching treatment often come down to ease of use.

The good news is that treatment options have improved in recent years. Compared with older antiretrovirals, modern HIV meds are more potent, better tolerated, less prone to drug resistance and easier to take. Most people starting or switching treatment can use single-tablet regimens—single pills containing two or more drugs that are taken just once a day. Although heavily treatment-experienced people have fewer switch options, most can still find a regimen that maintains viral suppression.

Why Switch Medications?

Whether you've just started antiretroviral therapy or have been on treatment for years, the following are some reasons for switching medications.

- Viral load is not fully suppressed. Inability to achieve or maintain an undetectable viral load is less common with modern antiretrovirals, but some people are still taking older drugs or using combinations that are less potent.
- Inadequate CD4 cell recovery. Some people who adhere well to treatment and have a fully suppressed viral load still may not see their CD4 count increase to a normal level, which could leave them vulnerable to opportunistic illnesses.
- Difficulty taking meds regularly. Some people have trouble maintaining good adherence to their treatment. Some medications are more convenient to take, and some are more "forgiving" of an occasional missed dose.
- Too many pills or too frequent dosing. Most people with HIV can now use single-tablet regimens,

but some are still taking more complex regimens that require more than one pill or more than once-daily dosing.

- Side effects. If side effects are having a negative effect on quality of life, it may be possible to switch to medications that are better tolerated. Short-term side effects may include nausea, diarrhea and difficulty sleeping. Examples of longer-term effects include weight gain, elevated cholesterol, kidney damage and bone loss.
- Food or fluid needs. Some medications must be taken on an empty stomach, which may cause nausea or vomiting. Others must be taken with food, which can make timing inconvenient. What's more, some people have difficulty swallowing larger pills.
- Pregnancy. Some HIV medications have been more extensively studied for use during pregnancy. Ideally, an appropriate regimen should be planned before conception and monitored throughout pregnancy to protect the health of the mother and reduce the risk of transmitting HIV to the baby.
- Medication cost or insurance issues. Some HIV meds cost less than others, and an increasing number of older drugs are available in less expensive generic versions. Some people with HIV face insurance restrictions that limit their choice of medications.

Treatment Failure

Treatment failure means that some of the drugs in a regimen are not doing their job. The best way to tell whether your medications are working is to regularly measure viral load (the amount of HIV in the blood) and CD4 T-cell count. Virological failure means that a regimen is unable to maintain viral suppression, while immunological failure refers to lack of adequate CD4 cell recovery after starting treatment.

It's important to have your viral load checked after you first start treatment or switch to a new regimen. Virus levels typically begin to decline soon after starting effective antiretrovirals. In regular HIV care, an undetectable viral load generally means that the number of copies of HIV RNA in a small sample of blood is below 50; highly sensitive tests used for research can measure much lower levels.

If your viral load does not fall to an undetectable level—or if it does not stay down—you are at risk for disease progression and could transmit the virus to others. However, it is important to look at trends over time rather than one measurement. A single detectable viral load, known as a "blip," could be the result of a lab error or could be a temporary rise—for example, if you recently had a

flu or received a vaccine. A single low-level blip is usually nothing to worry about, but if two consecutive tests show a rising viral load, it might be time to adjust your regimen.

A person's CD4 T-cell count typically rises as viral load falls because HIV is no longer killing these cells. But older people and those who started treatment with a very low CD4 count may take longer to see improvement, and some people never experience CD4 cell recovery to a near-normal level (500 or higher) despite viral suppression. If your CD4 count stays too low, you remain at risk for opportunistic illnesses.

Treatment failure can have several causes, all of which can be addressed by switching to a new regimen.

- Drug resistance. One of the most common culprits is resistance, meaning the virus has developed mutations, or changes at the genetic level, that make it less susceptible to one or more antiretrovirals. Some people acquire HIV strains that are already resistant to certain drugs, but usually resistance develops over time.
- Poor adherence. Adherence refers to taking medications as directed all the time. Missing doses allows HIV to resume replication, which can lead to drug resistance and disease progression. Factors that can interfere with good adherence include side effects, inconvenient dosing, forgetfulness, a hectic or unpredictable schedule, unstable housing and interrupted access to treatment due to cost. Tell your doctor or pharmacist if you don't understand how to take your meds or are having trouble taking them as directed; they may be able to help you find another regimen that is easier to take.
- Weak drugs. Certain HIV drugs or combinations are not as potent as others. This is especially true of older medications. Modern antiretroviral regimens can keep HIV under control in most people, but those start treatment with a very high viral load or preexisting drug resistance may need more potent regimens.
- Poor absorption. Absorption refers to how much of a drug is taken up into the bloodstream and distributed throughout the body. Some meds must be taken on an empty stomach or with food to ensure that they're absorbed properly. In some cases, taking other medications around the same time as antiretrovirals can affect absorption. Vomiting or diarrhea after taking your meds can also interfere with absorption.

- Drug interactions. Some HIV medications are broken down by a liver enzyme (CYP3A4) that also metabolizes many commonly used medications. People aging with HIV, in particular, may take multiple meds for chronic conditions. This competition can either increase or decrease the level of antiretrovirals or other medications in the blood. Drug interactions are most likely with regimens that include ritonavir or cobicistat to boost other antiretrovirals. Newer HIV meds are less likely to interact with other drugs. Tell your providers about all medications you are taking, including prescription drugs, over-the-counter meds, herbs and supplements and street drugs.

Switch Options

Which new regimen to use depends on your treatment history and why you are switching. People who already have an undetectable viral load and wish to switch for other reasons, for example, to lessen side effects or improve convenience, will likely have more options. Some people still take older antiretrovirals and more complex regimens—figuring "if it's not broke, don't fix it"—but switching to newer combinations can make treatment easier.

Maintenance therapy—simplified regimens that aim to maintain viral suppression—is a switch option for many people who have already achieved an undetectable viral load. Traditionally, standard HIV regimens have included two nucleoside/nucleotide reverse transcriptase inhibitors plus a nonnucleoside reverse transcriptase inhibitor, protease inhibitor or integrase inhibitor. But people with viral suppression who have no history of treatment failure and no known drug resistance mutations may be able to switch to a two-drug regimen.

HIV treatment is moving in the direction of longer-acting regimens that are taken less often. Currently, the longest-acting complete regimen is Cabenuva (cabotegravir and rilpivirine), which is administered by injection once monthly or every other month. Once-weekly and once-monthly oral regimens and injectables that can be taken just twice a year are in the development pipeline.

When switching regimens because of virological failure, it's important to have a discussion with your doctor about adherence, side effects and other factors that could prevent your meds from working as they should. Resistance tests can show which drugs in your regimen are not active due to viral mutations and which alternative antiretrovirals are likely to work best. However, it can be hard to get accurate results if your viral load is low.

Switching treatment is more challenging for people who have been living with HIV for a long time, have used several older drugs (in some cases one at a time or in suboptimal combinations) and whose virus has developed resistance to multiple medications, known as multidrug-resistant HIV.

Ideally, a new regimen should contain at least two fully active drugs, but this is not always possible, and adding a single drug to a failing regimen raises the risk of resistance. Some people

may be able to use so-called salvage regimens containing four or more partially active drugs. Others can add new antiretrovirals that work in different ways, such as the HIV capsid inhibitor Sunlenca (lenacapavir) or the monoclonal antibody entry inhibitor Trogarzo (ibalizumab). With a better understanding of resistance and advances in treatment, even people who have been living with HIV for years and have taken many prior regimens can usually find a treatment approach that keeps the virus in check.

Last Reviewed: May 25, 2026

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/basics/hiv-basics/switching-hiv-treatment