

# Rapid Initiation of ART (RIA) Protocol



## 1. Complete focused assessment:

Include a brief medical history and review of systems:

HIV Risk/Prevention History	Medical History
<ul style="list-style-type: none"><li>Last negative HIV test</li><li>PrEP use</li><li>PEP use</li><li>Serostatus of partners, if known</li></ul>	<ul style="list-style-type: none"><li>Co-morbidities (especially renal/liver problems)</li><li>Medications</li><li>Drug allergies</li><li>Review of systems (include signs of opportunistic infections (OI) or Acute HIV (AHI))</li></ul>

## 2. Obtain baseline laboratory tests:

The following laboratory tests should be performed on the initial visit or as soon as possible:

- HIV 1/2 antigen/antibody assay
- HIV quantitative viral load
- CD4+ T cell count
- HCV antibody
- HAV IgG antibody
- Syphilis serology
- HIV-1 genotype (including NRTI, INSTI, PI)
- HBsAg, HBcAb, HBsAb
- Metabolic panel (including creatinine & LFTs)
- Urinalysis, Pregnancy test

## 3. Prescribe ART – Suggested initial regimens:

NYSDOH Clinical Guidelines include the following once daily regimens among “**Preferred Initial ART Regimens for Nonpregnant Adults**”. All are appropriate for immediate initiation. Refer to “[Selecting an Initial ART Regimen](#)” for the most up to date recommendations, dose adjustments for renal or hepatic impairment, drug interactions or to review alternative regimens.

Regimen	Comments
<b>Tenofovir alafenamide/emtricitabine/bictegravir (TAF 25 mg/FTC/BIC; Biktarvy)</b>	<ul style="list-style-type: none"><li>Initiate <i>only</i> in patients with CrCl <math>\geq</math>30 mL/min.</li><li>Contains 25 mg of TAF, unboosted.</li><li>Take magnesium- or aluminum-containing antacids 2 hours before or 6 hours after BIC; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food.</li></ul>
<b>Tenofovir alafenamide/emtricitabine and dolutegravir (TAF 25 mg/FTC and DTG; Descovy and Tivicay)</b>	<ul style="list-style-type: none"><li>Initiate <i>only</i> in patients with CrCl <math>\geq</math>30 mL/min.</li><li>Documented DTG resistance after initiation in treatment-naive patients is rare.</li><li>Contains 25 mg of TAF, unboosted.</li><li>Take magnesium- or aluminum-containing antacids 2 hours before or 6 hours after DTG; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food.</li></ul>
<b>Tenofovir alafenamide/emtricitabine/darunavir/cobicistat (TAF 10 mg/FTC/DRV/COBI; Symtuza)</b>	<ul style="list-style-type: none"><li>Available as a single-tablet formulation, taken once daily.</li><li>Contains 10 mg TAF, boosted.</li><li>TAF/FTC should not be used in patients with CrCl <math>&lt;</math>30 mL/min; re-evaluate after baseline laboratory testing results are available.</li><li>Pay attention to <a href="#">drug-drug interactions</a></li></ul>

**ART Regimens for individuals of childbearing potential:** Refer to the DHHS guideline: [Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States.](#)

## 4. Next steps:

- Follow up:** next day to assess any issues with medication or other questions
- Link to HIV care:** schedule full clinical visit within the next 3-7days for routine medical, nursing and social work exams, to review lab results, adjust medication if needed and provide adherence counseling.
- Facilitate linkage:** with a warm hand-off to the HIV provider via phone and confirm engagement in care.
- Refer to Partner Services**
- Complete the Medical Provider Report Form (PRF) (DOH-4189)