

RAPID ART IS STARTING ART IMMEDIATELY UPON OR WITHIN 7 DAYS OF HIV DIAGNOSIS

BENEFITS OF RAPID ART

- » Improves the likelihood of linkage to care
- » Improves the likelihood of and time to viral suppression
- » Can improve survival and longitudinal engagement in care

WHAT YOUR NEWLY DIAGNOSED PATIENT SHOULD KNOW:

- » HIV is a chronic disease; patients can live a normal, healthy life as long as they are adherent to ART and appointments
- » Once a patient's viral load is undetectable for at least 6 months on ART, they cannot transmit HIV sexually (**called undetectable = untransmittable, or U = U**)
- » Patients will need to have blood draws every 3 to 6 months, though this may become less frequent the longer they are virally suppressed

U=U

PAYING FOR HIV MEDICATION, LAB WORK, AND OFFICE VISITS

MEDICAL INSURANCE

Insurance coverage for ART, lab work, and office visits will vary based on the patient's deductible, co-pays, and type of insurance plan.

MEDICARE AND MEDICAID

Medicare plans cover all HIV medications. Medicaid plans and eligibility vary state by state; assist the patient in reviewing their plan or in Medicaid enrollment, explaining that coverage differs by plan.

<https://www.healthcare.gov/lower-costs/>

RYAN WHITE HIV/AIDS PROGRAM

The Ryan White HIV/AIDS Program can help cover HIV medication and office visit costs for people who require financial assistance.

<https://locator.hiv.gov/>

New York State offers a robust AIDS Drug Assistance Program (ADAP) that can help eligible individuals with medications, co-pays, and/or clinic visit costs.

<https://www.health.ny.gov/diseases/aids/general/resources/adap/>

PATIENT ASSISTANCE PROGRAMS

Pharmaceutical companies offer medications at low or no cost to patients who need help affording their medicine.

<https://www.hiv.gov/hiv-basics/staying-in-hiv-care/hiv-treatment/paying-for-hiv-care-and-treatment/assistance>

A CLINICIAN'S POCKET GUIDE TO RAPID ART FOR HIV TREATMENT



BUILDING BRIDGES TO IMPROVE CARE
DELIVERY AND CLOSE GAPS IN HEALTHCARE
EQUITY IN PRIMARY CARE PRACTICE

PATIENT ELIGIBILITY FOR RAPID ART

- ✓ Nearly anyone who is interested, even:
 - ✓ Individuals with substance use disorder, mental health conditions, or experiencing homelessness
 - ✓ Patients who are pregnant or undergoing chemotherapy
- ✓ Patients are eligible regardless of their CD4 count or viral load
- ✗ Patients may **NOT** be eligible yet if they have certain opportunistic infections, such as recent cryptococcal or TB meningitis

AVAILABLE RAPID ART OPTIONS

- » **Biktarvy**® (bictegravir/tenofovir alafenamide [TAF]/emtricitabine [FTC])
- » **Tivicay** (dolutegravir) + **Descovy**® (TAF/FTC) or **Truvada**® (tenofovir disoproxil fumarate [TDF]/FTC)
- » **Symtuza**® (darunavir/cobicistat [DRV/c]/TAF/FTC)

Note: darunavir-based regimens are typically reserved for patients who were taking Apretude (cabotegravir) as PrEP



The National Clinician Consultation Center provides resources for any clinician, including those who are new to treating HIV or those who cannot refer to an HIV specialist.

» <https://nccc.ucsf.edu> or call 800-933-3413

REQUIRED LAB TESTS AT ART INITIATION AND MONITORING

TEST	Entry Into Care/ART Initiation ^a	ART Modification	4-8 Weeks After ART Initiation/Modification	Every 3-4 Months	Every 6 Months	Every 12 Months	Treatment Failure
CD4 count	✓	✓		If CD4 count is <300 cells/mm ³	During first 2 years of ART	After 2 years with VS ^b	✓
Viral load	✓	✓	✓	✓ ^c	✓ ^c		
Resistance testing ^d	✓	✓					
HBV and HCV ^e	✓					✓	
CMP, liver enzymes	✓	✓	✓		✓		
CBC with diff	✓	✓		✓ ^f	✓ ^f	✓ ^g	
Lipid profile	✓					✓ ^h	
Glucose	✓	✓			✓		✓
Urinalysis	✓					✓	

ONLY HIV AB/AG RESULTS ARE REQUIRED PRIOR TO INITIATING ART. OTHER TESTS SHOULD BE ORDERED UPON INITIATION, BUT RESULTS ARE NOT REQUIRED.

^aOnly HIV antigen/antibody (Ab/Ag) results are required prior to initiating ART; ^bCD4 count is optional if >500 cells/mm³ after 2 years of viral suppression; ^cViral load monitoring is typically every 3 to 6 months, though should be individualized; ^dCertain ART regimens require specific testing, such as tropism testing for HLA-B*5701; ^eTest HCV annually for at-risk patients; ^fWhen monitoring CD4 count; ^gWhen no longer monitoring CD4 count; ^hIf cardiovascular risk.
 ART, antiretroviral therapy; CBC, complete blood count; CMP, complete metabolic panel; HBV, hepatitis B virus; HCV, hepatitis C virus; HLA, human leukocyte antigen; TB, tuberculosis; VS, viral suppression.
 REFERENCES:
 • Department of Health and Human Services (DHHS). <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-art/whats-new>
 • Gandhi RT, et al. JAMA. 2023;329(1):63-84.



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