RAPID Restart: Immediate Restart of ART for Persons Re-Engaging in Care

Persons with known HIV diagnoses who are not on ART (eg, a lapse of >4-8 weeks) who are returning to care may benefit from immediate ART restart (or initial start, if not previously treated). ART restart is particularly urgent in persons with CD4 counts <200 cells/mm³. We recommend rapid ART restart at the first clinic reengagement visit (for the willing patient), if

- the ART and HIV resistance history is known or can be predicted (based on previous resistance testing, HIV viral load while on ART, and adherence history), and
- an appropriate ART regimen can be devised without information from current resistance test results.

Note that this includes nearly all persons who are reengaging in care.

RAPID Restart can be done via Telehealth, if indicated.

Patients who are reengaging in care should receive enhanced clinical supports to optimize the likelihood of successful reengagement in care and adherence with ART, as is done for RAPID patients with new HIV diagnoses.* This includes same-day evaluation by a social worker or counselor; referral for mental health, substance use, or other services as needed; and close follow up with the primary care provider.

ART for RAPID restart:

ART regimens should be selected on an individual basis, and in consultation with an expert HIV clinician.

Resistance testing (generally a genotype) should be ordered, unless acquired resistance is unlikely (resistance testing may not be needed for patients who had viral suppression while last taking ART and who did not take ARVs intermittently before stopping). *ARVs can be modified, if indicated, when results are available.*

Common ART scenarios:

- The patient was taking a 1st or 2nd ART regimen and there is no suspected resistance: can start one of the regimens for initial RAPID ART (eg, bictegravir/TAF/FTC, dolutegravir + TFV/FTC or TDF/3TC), or DRV/c/TAF/FTC) or (unless contraindications) can restart the patient's previous regimen.
- The patient has known or suspected history of virologic failure with acquired ART resistance: select the ART regimen based on the suspected resistance mutations. Consult with HIV experts.

- If there is concern for NRTI and/or NNRTI resistance, consider a boosted protease inhibitor + 2 NRTIs + an integrase inhibitor (eg, darunavir/cobicistat/TAF/FTC + dolutegravir).
- If there is concern for NRTI and/or INSTI resistance, consider a boosted protease inhibitor + 2 NRTIs + a 2nd generation NNRTI (if no history of treatment with an NNRTI) (eg, darunavir/cobicistat/TAF/FTC + doravirine).
- If more extensive resistance may be present, consider a multi-class regimen comprising a boosted darunavir + an integrase inhibitor +/- an NNRTI +/- NRTIs +/- other ARVs as indicated.

For persons who are **pregnant or who may become pregnant** on a rapidly-restarted regimen:

Certain ARVs are not recommended during pregnancy, and others have not been studied in pregnancy. Providers should discuss possible risks and benefits of ARVs with persons who are pregnant or may become pregnant, and select ARVs through shared decision making.

The following **should NOT be prescribed** for RAPID ART restart:

- 2-ARV regimens, eg, dolutegravir/3TC (Dovato), dolutegravir/rilpivirine (Juluca), others (high risk of virologic failure if resistance is present)
- Abacavir, unless HLA B5701 is known to be negative

Contraindications to RAPID restart include known or suspected untreated CNS opportunistic infections, and known or suspected complicated HIV resistance for which results resistance testing would be critical to deciding on ARVs.

For patients who do not restart immediately:

Re-engaging patients who are not immediately restarted on ART (or who decline RAPID restart) should be followed closely (eg, in 1-2 weeks) and restarted at the earliest appropriate time. *For information on RAPID ART for persons with new diagnoses of HIV, see *RAPID ART: Immediate ART initiation upon HIV diagnosis* and *City-wide RAPID protocol*, both available at https://www.gettingtozerosf.org/getting-to-zero-resources/