

Florida Department of Health  
At A Glance  
Test and Treat Initiation Overview for County Health Departments  
As of May 2020

One goal of the Florida Department of Health (DOH) is to ensure persons diagnosed with HIV are started on antiretroviral therapy (ART) as soon as possible and that persons living with HIV stay on ART consistently to obtain and sustain a suppressed viral load.

This guidance presents an overview of relevant information for clinicians, including physicians, physician assistants, nurse practitioners, and registered nurses, who are providing Test and Treat (T&T) in clinical settings. Important considerations for starting and monitoring a patient on T&T are presented below.

### **Getting Started:**

#### **T&T is indicated for the following individuals:**

- newly diagnosed HIV patients (positive screening test or confirmed positive test)
- patients who have already been in care for HIV but have experienced a gap in their treatment and are returning to care

#### **Components of a T&T intervention:**

- Facilitation of same day or next day appointments using flexible scheduling options such as onsite or telehealth appointments.
- Available onsite ART through issuance program/samples/medication vouchers
- Process to link clients to a full-time health care provider for both primary care and HIV-specific healthcare needs
- Process to refer client for assistance with Ryan White eligibility/health insurance coverage and case management services

#### **T&T Services Timeline:**

##### **Day one (or within a few days):**

- Clinician visit to assess brief medical history and concomitant medication review, targeted exam, psychosocial needs, risk reduction, ART education, and regimen selection
- Obtain baseline labs (see below for list of labs required); can be ordered prior to visit or on same day that ART is started
- Provide linkage to HIV primary care within 7 days of T&T visit
- Schedule follow-up appointment if patient will be receiving HIV primary care at current county health department (CHD) location

##### **Day 3-10 (Follow-up)**

- Call/or email through DOH approved patient portal to check on patient (recommend at 3-4 days post-ART start)
- Review baseline labs with patient, may be completed in person or over the phone with patient consent
- Order opportunistic infection (OI) prevention medication as indicated (See FAQ for details)
- Adjust ART as needed/indicated

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**Day >30 (Follow-up)**

- Monitor/ensure compliance with follow-up labs and appointments
- For those CHDs not providing HIV care, document in Health Management System (HMS) the provider assuming care and appointment date (be sure the consent form is signed by the patient to send record to the provider outside the CHD).

**Required Minimum Baseline Laboratory Tests for Initial T&T Services:**

- HIV 1/2 Antigen/Antibody (Ag/Ab), 4th generation blood-based test, if indicated
- Absolute CD4 count with the percentage of CD4 cells
- Viral Load HIV-1 Ribonucleic Acid Polymerase Chain Reaction (HIV-1 RNA PCR) Quantitative
- HIV-1 Protease (PI) and Non/nucleoside Reverse Transcriptase (N/NNRTI) Genotype Resistance Test
- Hepatitis Panel or at a minimum: hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (HBsAb)
- Comprehensive Metabolic Panel (CMP) (ALT, AST, creatinine with estimated glomerular filtration rate [eGFR])
- Urinalysis macro, or point of care (POC) urine dipstick for protein
- Rapid Plasma Reagin (monitor) with reflex to titer
- Pregnancy test (all women of child-bearing potential)

(Please refer to the chart on page 10 for additional information on tubes and coding for above lab tests)

**Recommended Regimens:**

**30-day ART regimens for T&T (listed alphabetically):**

- Bictegravir/tenofovir alafenamide/emtricitabine (Biktarvy®) one (1) tablet once daily **with or without food** (available through samples or issuance program)

**OR**

- Darunavir/cobicistat/emtricitabine/tenofovir alafenamide 800/150/200/10 mg (Symtuza®) one (1) tablet once daily **with food** (available through voucher, or issuance program)

**OR**

- Dolutegravir 50 mg one (1) tab once daily (Tivicay®) with tenofovir alafenamide 25 mg/emtricitabine 200 mg (Descovy®) one (1) tablet of each once daily, both taken **with or without food**

**Note:** In cases of known resistance, at the provider's discretion, combinations of PI/Integrase Inhibitor (INSTI) plus or minus NRTI may be dispensed.

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**30-day ART for women intending to conceive (use in other circumstances allowable):**

- Raltegravir 400 mg (Isentress®) one (1) tablet twice daily with tenofovir disoproxil fumarate/emtricitabine 300/200 mg (Truvada®) one (1) tablet daily, both **with or without food**

**30-day ART throughout pregnancy and an alternative recommended regimen for women trying to conceive:**

- Dolutegravir 50 mg one (1) tab once daily (Tivicay®) with tenofovir disoproxil fumarate /emtricitabine 300/200 mg (Truvada®) one (1) tablet of each once daily, both taken **with or without food**

Note: INSTIs can interact with medications containing polyvalent cations including prenatal vitamins. See table below:

<b>INSTI Interactions with Polyvalent Cations</b>			
	<b>Bictegravir (BIC)</b>	<b>Dolutegravir (DTG)</b>	<b>Raltegravir (RAL)</b>
<b>Antacids (e.g., Al, Mg, Ca)</b>	<ul style="list-style-type: none"> <li>• Take BIC <math>\geq</math> 2 hours before or <math>\geq</math> 6 hours after antacids containing Al or Mg</li> <li>• Take BIC with antacids containing Ca with food</li> </ul>	<ul style="list-style-type: none"> <li>• Take DTG <math>\geq</math> 2 hours before or <math>\geq</math> 6 hours after antacids containing Al, Mg, Ca</li> </ul>	<p><b>With calcium carbonate antacids:</b></p> <ul style="list-style-type: none"> <li>• No dosage adjustment or separation needed with RAL 400 mg bid</li> <li>• Do not use once daily RAL HD formulation with calcium carbonate antacids</li> </ul> <p><b>With Al and/or Mg containing antacids:</b></p> <ul style="list-style-type: none"> <li>• Do not combine</li> </ul>
<b>Polyvalent cation (e.g., Al, Ca, Fe, Mg, Zn) containing medications including multivitamins, supplements, laxatives, sucralfate and buffered medications</b>	<p><b>Supplements containing Ca or Fe:</b></p> <p>Take simultaneously with food or if fasting, take BIC <math>\geq</math> 2 hours before <b>other polyvalent cations:</b></p> <p>Take BIC <math>\geq</math> 2 hours before or <math>\geq</math> 6 hours after (based recommendation for other INSTI)</p>	<p><b>Supplements containing Ca or Fe:</b></p> <ul style="list-style-type: none"> <li>• Take simultaneously with food or if fasting, take DTG <math>\geq</math> 2 hours before or <math>\geq</math> 6 hours after</li> <li>• Other polyvalent cations:</li> <li>• Take DTG <math>\geq</math> 2 hours before or <math>&gt;</math>6 hours after</li> <li>• <math>\geq</math> 6 hours after</li> </ul>	<ul style="list-style-type: none"> <li>• Take RAL <math>\geq</math> 2 hours before or <math>\geq</math> 6 hours after polyvalent cation containing supplements</li> </ul>