Before initiating HIV treatment, order:

- HIVQN / HIV-1 RNA Detection and Quantification, Plasma to determine baseline viral load
  OR
- HIRGT / HIV-1 RNA Quantification with Reflex to HIV-1 Genotypic Drug Resistance to Protease and Reverse Transcriptase Inhibitors, Plasma to determine baseline viral load and antiviral drug resistance profile

Select 1 of the 2 following options

- HIVQN / HIV-1 RNA Detection and Quantification, Plasma (This is Mayo Medical Laboratories’ standard treatment monitoring assay)
- HIVPR / HIV-1 Genotypic Protease Inhibitor and Reverse Transcriptase Inhibitor Drug Resistance, Plasma (requires minimum HIV-1 RNA level of 500 copies/mL)

If considering addition of integrase inhibitor therapy, also order HIVI / HIV-1 Genotypic Integrase Inhibitor Drug Resistance, Plasma (requires minimum HIV-1 RNA levels of 500 copies/mL) with or without HIVI

Patient on treatment-monitor every 3 months

If patient is not responding to treatment (ie, viral load is not dropping as expected)

- Alter treatment as necessary and monitor viral load every 3 months
- Consider for certain patients
- If patient is not responding to treatment (ie, viral load is not dropping as expected)

- Very treatment-experienced patient
- Relatively treatment-naive patient

Very treatment-experienced patient

- HIV-1 RNA ≥500 copies/mL

Relatively treatment-naive patient

- HIV-1 RNA ≥500 copies/mL
- Order HIVPR and HIVI to guide selection of drug combinations

If multiple resistance mutations are detected without obvious drug options

Consider phenotypic drug resistance tests:

- FPHIV / Phenosense HIV Drug Resistance Replication Capacity (for HIV-1 RNA level ≥500 copies/mL)
- FPFUZ / Phenosense Entry HIV Drug Resistance Assay (for HIV-1 RNA level ≥500 copies/mL)
- FFTRP / Trofile Co-Receptor Tropism Assay (for HIV-1 RNA level ≥1,000 copies/mL)
- FFTRO / Trofile DNA Co-Receptor Tropism Assay (for HIV-1 RNA level <1,000 copies/mL)

*For newly infected patients (infected within last 12 months) and pregnant women