



Patients who receive care from community based specialty pharmacies have higher adherence to antiretrovirals than national benchmark

Presented at The American Conference for the Treatment of HIV (ACTHIV), live virtual conference, May 20 - 22, 2021. Presentation location and date

BACKGROUND

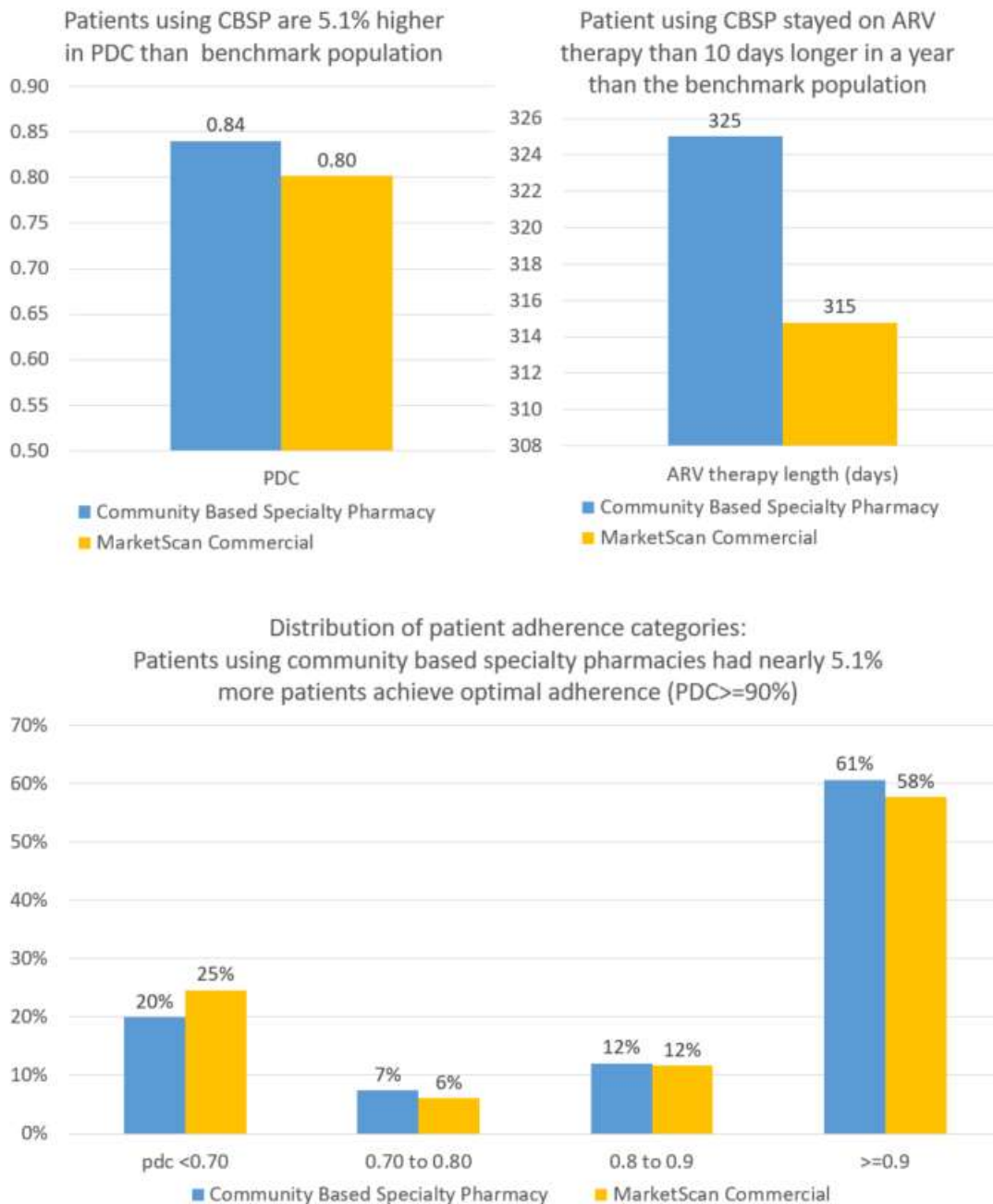
- Appropriate adherence to prescribed antiretroviral therapy (ART) can prevent both disease progression and disease transmission as well as avoiding acquisition of drug resistance. Maintaining adherence to antiretrovirals, however, can be uniquely difficult for patients living with HIV for a variety of reasons.
- HIV-related stigma and discrimination, medication side effects and affordability of medications can be debilitating barriers to patients living with HIV remaining adherent to their HIV regimen. Description of topic

OBJECTIVES

- The aim of this research study was to determine the impact of community-based specialty pharmacies on adherence to ART for patients living with HIV. Hypertension increases the risk for heart disease and stroke and is a leading cause of death in the United States.

METHODS

- Data was obtained from two sources: (a) antiretroviral dispensing data for patients served by community based specialty pharmacies (CBSP) with commercial insurance in 2017 and (b) 2017 MarketScan commercial databases.
- We randomly sampled 10,000 patients aged 18–65 from each of the two data sources. The sampled patient population served by the community-based specialty pharmacies had similar demographics and insurance plans as those from MarketScan benchmarks.
- Medication adherence to antiretroviral (ARV) therapy was calculated using patient proportion of days covered (PDC), which aligns to Pharmacy Quality Alliance guidelines. ARV coverage was defined as at least three ARV medication components (excluding cobicistat), with adherence to ARV therapy calculated for the 365-day period.



RESULTS

- The sampled patients from CBSP had similar age and gender distribution as those from MarketScan sample population, with mean age of 44.3 (s.d.=11.3) and 45.1 (s.d.=11.5), and 84% male vs. 83% male respectively. Average PDC for patients at community-based specialty pharmacies was 0.84 (s.d.=0.21) compared to 0.80 (s.d.=0.27), for patients in the MarketScan data.
- Patients using the community-based specialty pharmacies had significantly 5.1% higher PDC (p-value <.001). Patients using the community-based specialty pharmacies also had 10 days longer on ARV therapy than the national average for community pharmacy patients (p < .001)

CONCLUSIONS

- Adherence to ART regimen is critical in maintaining viral suppression and achieving improved patient outcomes while helping to prevent further transmission of HIV. Patients living with HIV may benefit from highly specialized patient care thus resulting in achieving higher adherence compared to national benchmarks.

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LIMITATIONS

- The study population encompassed patients in one retail chain. The results may be limited as patient population used in comparison are not identical. Also patients may fill medications from other pharmacies that were not collected thus may underestimate the true adherence rate.

IMPLICATIONS FOR PRACTICE

- Community based specialty pharmacists serve critical roles in helping patients to remain adherent to their antiretroviral medications as they serve as a highly accessible healthcare provider in communities across America. Pharmacists deliver care and counsel daily and are often seen as a pillar of trust, which is essential to HIV treatment efforts.

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