



Comparing Adherence to Medications Used in Treating Comorbid Conditions among Older HIV Patients using Walgreens HIV-Specialized Pharmacies and Traditional Pharmacies

Presented at the 8th Annual American Conference for Treatment of HIV
Denver, CO; May 8-10, 2014

Adherence to CVD medications is higher for HIV-positive patients aged 50 and over who use HIV-Specialized Pharmacies than for those who use traditional pharmacies.

OBJECTIVE

- To compare adherence to drugs used to treat comorbid conditions for older HIV patients obtaining their prescriptions at HIV-specialized pharmacies (HIV-SPs) with those using traditional pharmacies (TPs).

BACKGROUND

- CDC estimated that more than 1.1 million people in the United States are HIV-positive.¹
- Because of advances in antiretroviral therapy (ART), about half will be over the age of 50 by 2015.²
- Older HIV patients are more likely to die of age-related illnesses such as cardiovascular disease (CVD) rather than HIV. Both hypertension and hyperlipidemia contribute significantly to the pathogenesis of CVD, so adherence to related therapies is essential.³

WALGREENS HIV SPECIALIZED PHARMACIES

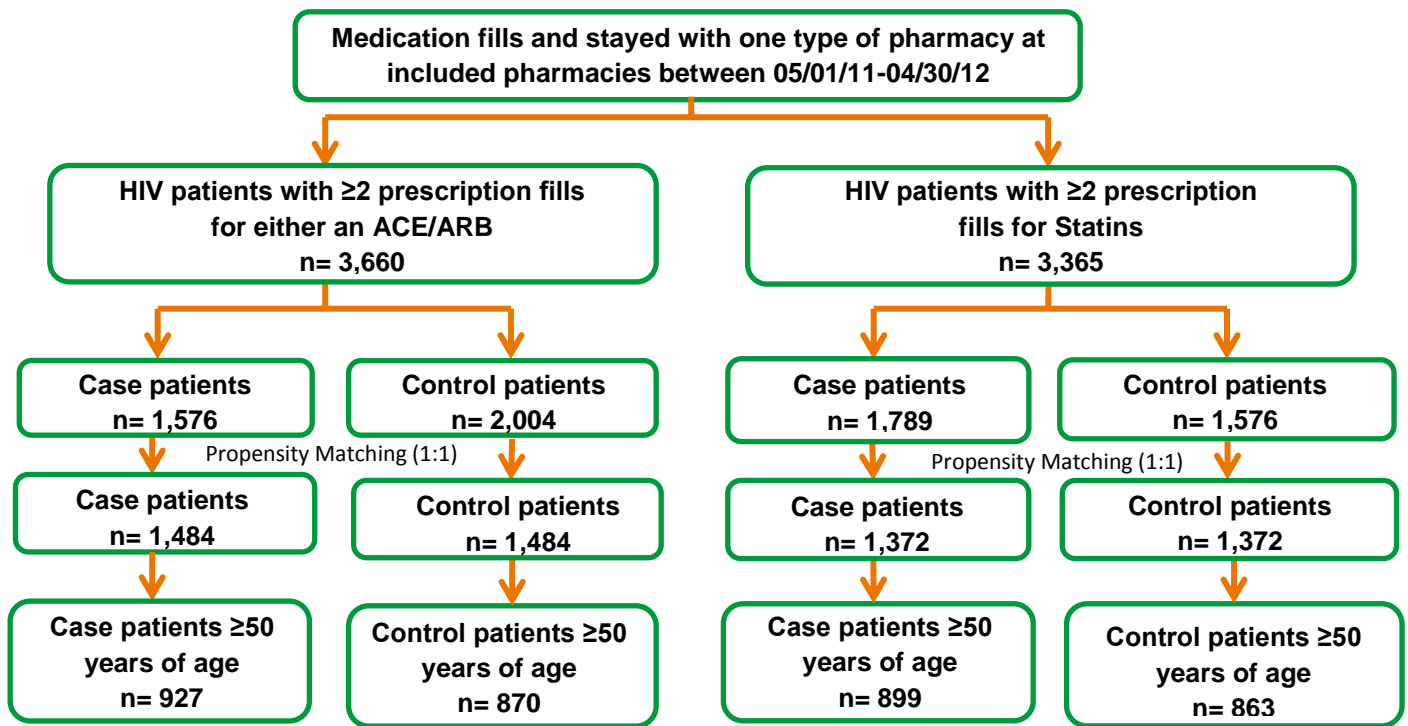
- HIV-SPs offer a variety of services to help patients overcome barriers to medication adherence.
- Personalized services offered by clinically trained pharmacists at HIV-SPs include: proactive medication management, synchronization of medication refills, confidential one-on-one patient consultation and education, identification of drug interactions, minimization of medication side effects, access to copay assistance, and free prescription delivery in selected areas.

METHODS

- Study design: Retrospective cohort study of a sub-population from a previous ART adherence study.⁵
- Study period: May 1, 2011 - April 30, 2012.
- Study sample: Subgroup analysis of patients aged ≥ 50 years (see Figure 1).
- Outcome variable: Adherence to ACE/ARBs and statins using Proportion of Days Covered (PDC).⁴
- Predictor variable: Walgreens Pharmacy type (HIV-SPs vs. TPs)

- Statistical methods: Propensity score matching, Student's paired t-test, McNemar test, and Z-test. (A *p*-value of <0.05 was deemed significant.) All statistical analyses were conducted using SAS version 9.2 (SAS Institute Inc., Cary, NC).

Figure 1. Patient Selection Flow Chart



RESULTS

- For patients at least 50 years old, a greater percentage of patients using HIV-SPs were significantly more likely to obtain a PDC of 80% or higher compared to those using TPs (see Figure 2).
- For patients at least 50 years old, mean PDC to ACE/ARBs and statins by HIV-SP users was significantly higher than for TP users. (See Figure 3).

Figure 2. Patient Adherence Level for ACE/ARBs or Statins

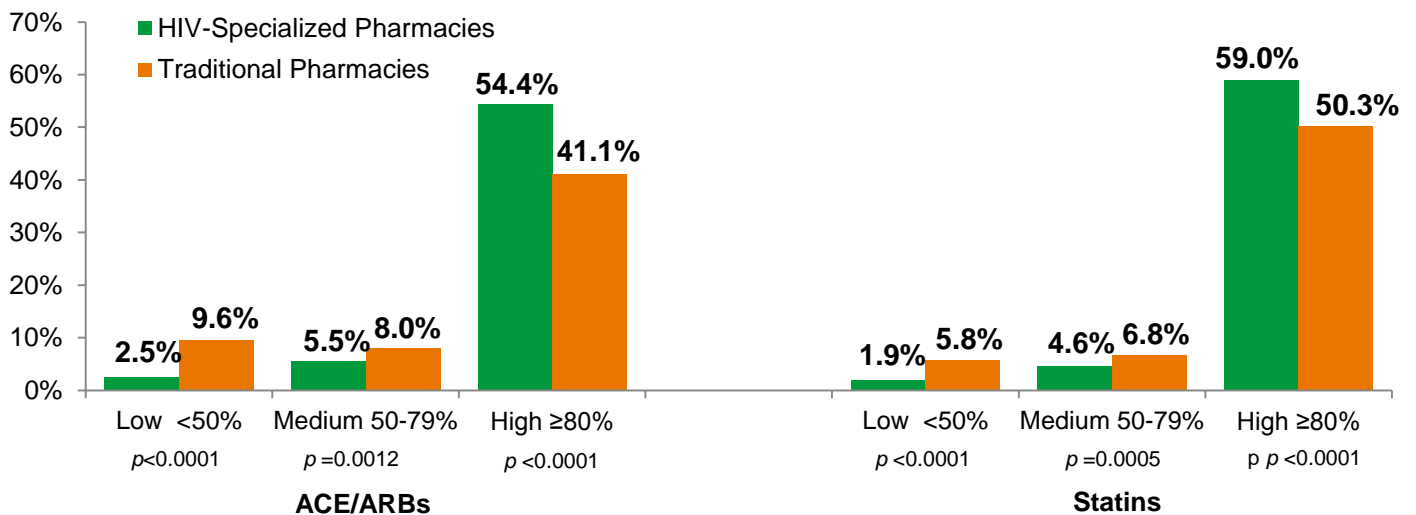
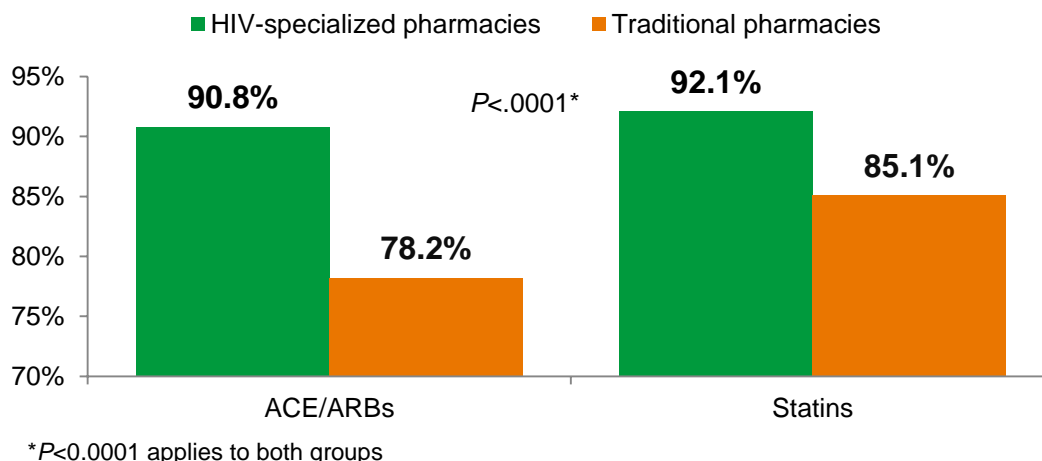


Figure 3. Mean PDC for ART Patients using ACE/ARBs or Statins by Pharmacy Type



LIMITATIONS

- This study was limited to one pharmacy chain. Adherence could be underestimated if patients used other pharmacies.
- Some factors which might impact medication adherence (e.g. socioeconomic status, educational level) were not included in the propensity score matching.

CONCLUSIONS

- Our previous study⁵ showed that adherence to ART medications is higher among HIV-SPs users compared to TPs users.
- This sub-analysis demonstrated that adherence to CVD medications is also higher for HIV-positive patients aged 50 and over who use HIV-SPs than for those who use TPs.

References:

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AMA Citation:

DuChane, J, Zhu, J, Hou, J, Kirkham, H, Watkins, K, Pietrandoni, G. Comparing adherence to medications used in treating comorbid conditions among older HIV patients using Walgreens HIV-specialized pharmacies and traditional pharmacies. Presented at the 8th Annual American Conference for Treatment of HIV; May 8-10, 2014; Denver, CO.

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This research was funded internally by Walgreen Co. All authors are employees of the employer, Walgreen Co., for whom this research was conducted.