

Proposed Abstract for **The American Conference for the Treatment of HIV (ACTHIV) 2017**

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Working Title: Patient Adherence to Antiretroviral Medications and Utilization of Single Tablet Regimens among Older HIV Infected Adults Using Pharmacy Claims

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Background: Antiretroviral (ARV) single-tablet-regimens (STR) may now be a viable option for many older HIV patients. There is currently limited understanding of demographic and other factors associated with STR use and adherence in older patients. More research is needed on use of STR and need for HIV-specialized pharmacy services.

Purpose: To explore factors associated with STR use and ARV adherence among older patients.

Methods: Using 2015 pharmacy claims, we analyzed a random sample of ARV patients with ≥ 60 days of STR use. Adherence was measured as proportion of days covered (PDC). Logistic regression models were used to assess the impact of demographics, medication classes used, prescribers, and plan type on STR use and adherence.

Results: STR use was primarily determined by prescribers used and plan type. Patients who had multiple types of clinicians prescribing their ARVs were less likely to be on a STR. Privately insured patients were 61% more likely on STRs. Males ≥ 50 were 41% less likely to use STRs. Using STRs increased optimum adherence (PDC ≥ 0.9) by 45.7% (37.1%-54.7%, $p < .0001$).

Conclusions: STR use was significantly associated with higher ARV adherence. STR use was highly dependent on gender, age, number of prescriber specialties, and insurance type.

Implications for Practice: There may be clinically appropriate circumstances to use STR's. Older patients with advanced disease may not be eligible for STR's. However, given the potential impact of generics on regimen selection, it's important to consider STR use and adherence. HIV-specialized services offer a unique opportunity to assist with regimen selection and adherence.

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