

Introduction

Following implementation of routine annual HIV-1 RNA monitoring at the Infectious Diseases Institute HIV clinic (Kampala, Uganda), a Pharmacy Refill plus Program (PRP) was introduced to reduce patient visit loads on doctors and nurses by incorporating pharmacy-only visits in patient monitoring algorithms.

- The PRP patients would have only 4 visits in a year (every 3 months) alternating a doctor visit and a pharmacy-only visit to pick up their drugs as opposed to standard of care where a doctor or nurse would be seen every 2 months.

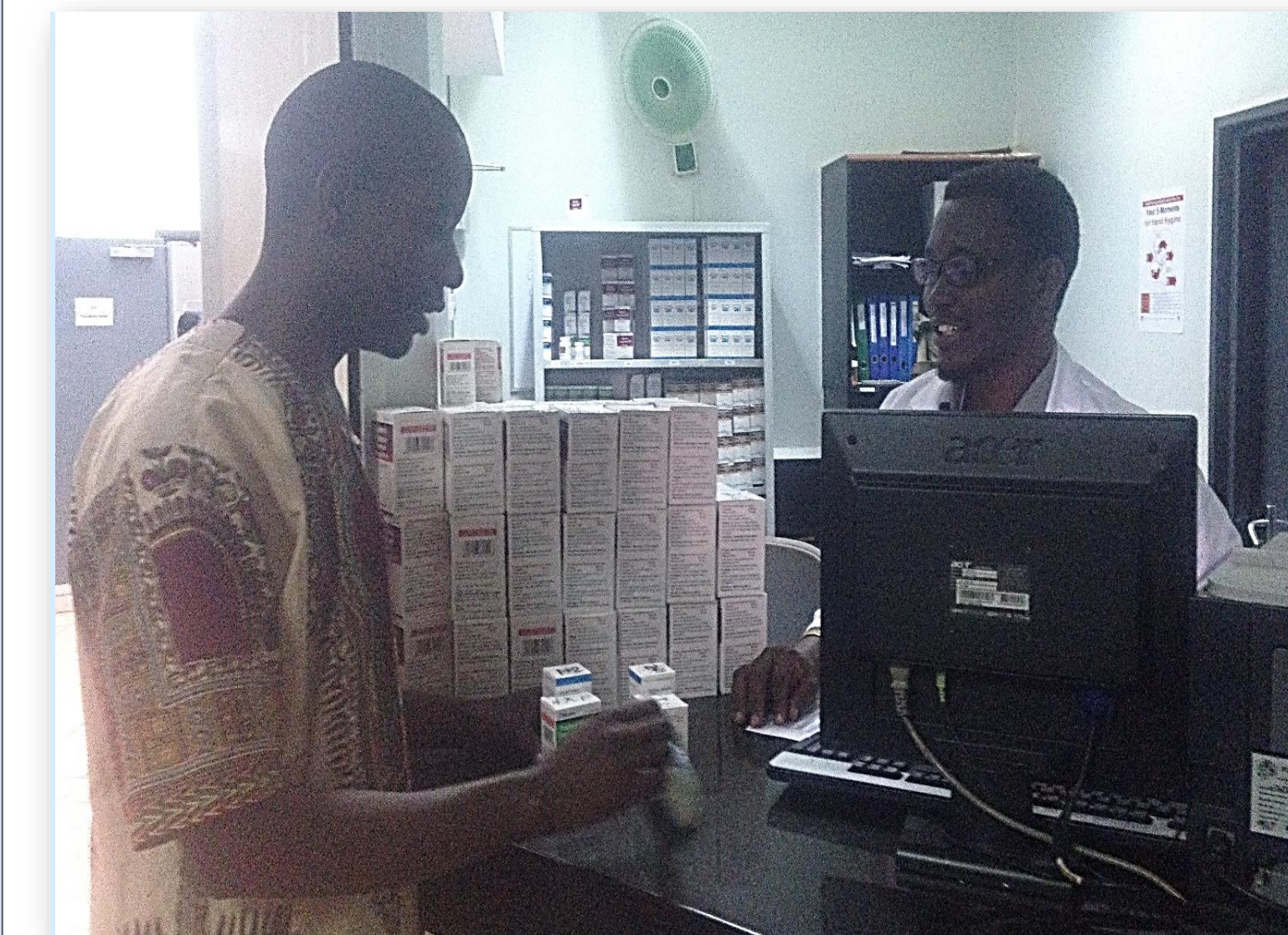


Figure.1 – Patient receiving ART under Pharmacy Refill Plus Program

Inclusion criteria for PRP

Patients on first line Antiretroviral therapy (ART) for more than 24 months.

Exclusion criteria for PRP

- Opportunistic Infections and Non Communicable Diseases (NCD)
- Pregnancy

Methods

- A cross sectional analysis was conducted including patients who had completed a minimum of 3 months on program.
- Data was extracted from the IDI electronic medical record (Integrated Clinic Enterprise Application) database and clinical records of patients that dropped out of the PRP were examined in detail by one reviewer.
- Median duration on program and HIV-1 RNA suppression was estimated.
- HIV-1 RNA suppression was defined as < 75 copies/ml in plasma.

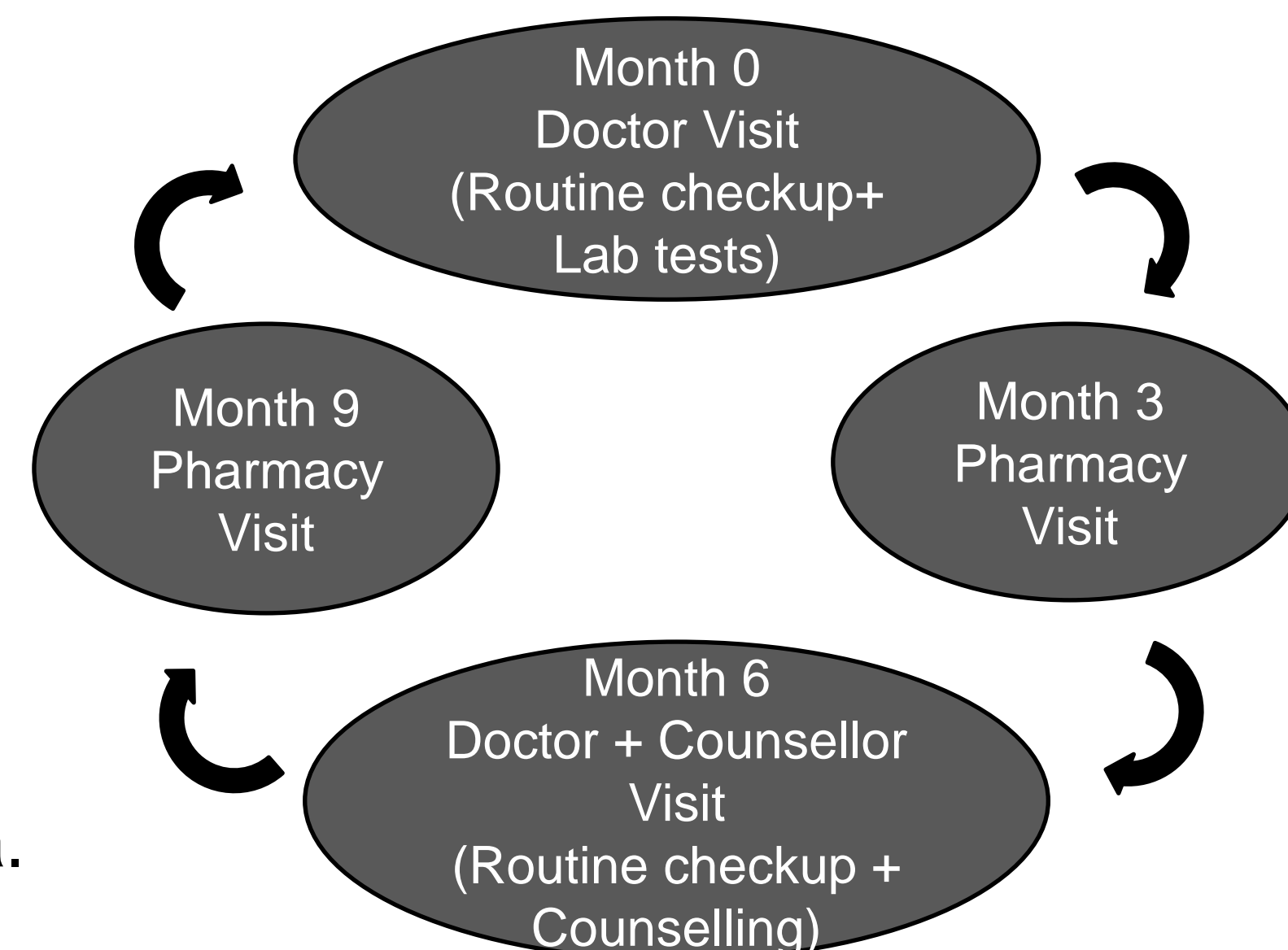


Figure.2 – Pharmacy Refill plus Program Scheme

Results

- Between 10th Aug 2015 and 23rd Sep 2016, 708 patients were screened of whom 624 patients met inclusion criteria. By 23rd Sep 2016, 288 patients had completed 3 months on program with no lost to follow-up.
- Among patients enrolled; 354/624 (56.7%) were females with median age 46 [Interquartile range (IQR) 40-51] years and median CD4 492 (IQR 367-653) cells/ul.
- Only 2/288 patients were discontinued from the program due to diagnosis of NCD at months 3 and 11 resulting in an overall retention of 99.3%. Median time for patients on and off program were 11.2 (IQR 5.1-12.5) months and 6.95 (IQR 3.2-10.7) months respectively.
- 84/288 completed 12 months on PRP of whom 83/84 (98.8%) had viral suppression at month 12.

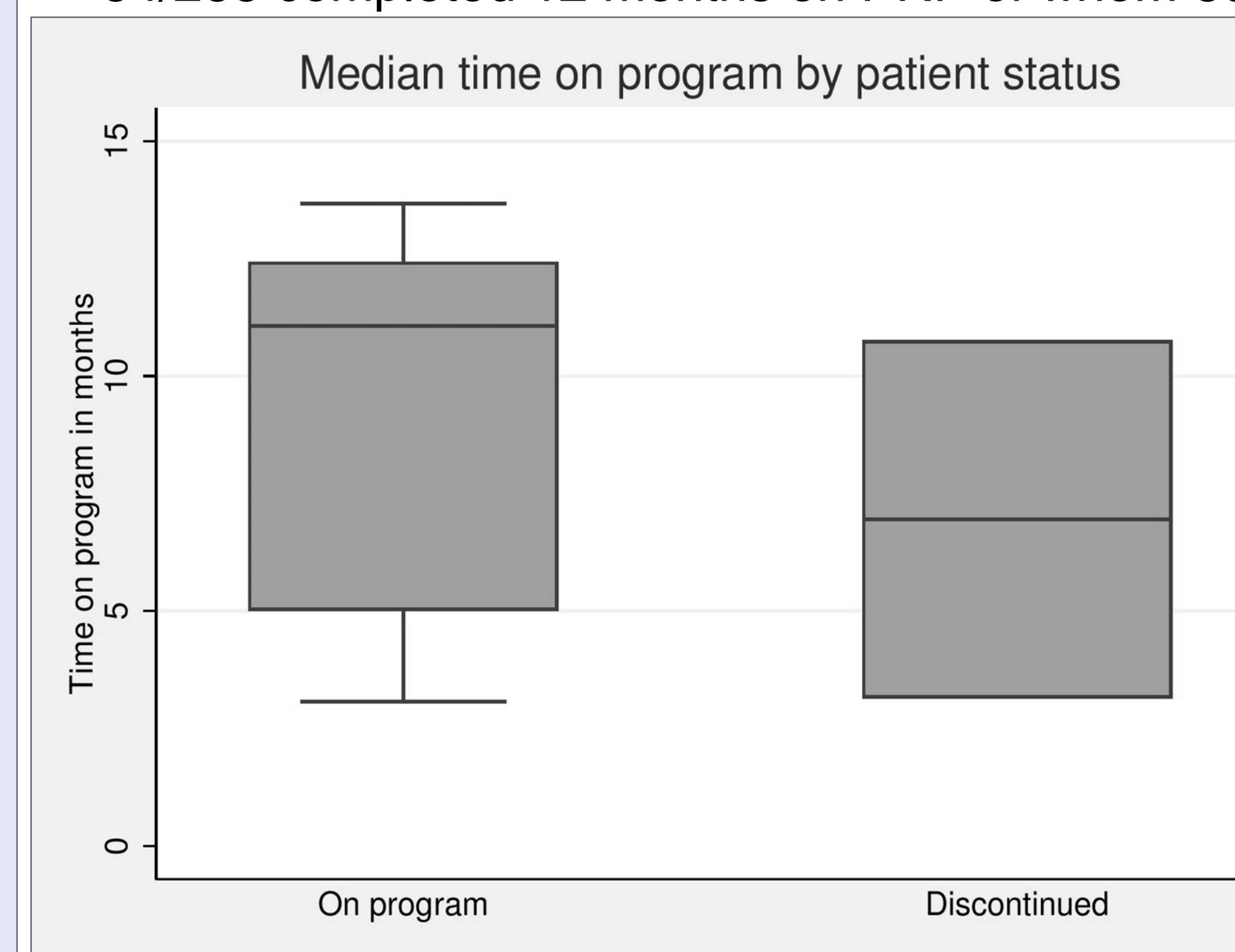


Figure.3 – Median time

Variable	N=288
Gender	
Female ; N(%)	166(57.6)
Males ; N(%)	122(42.4)
Age	
Median (IQR)	47(42-52)
Mean (sd)	47(7.6)
Baseline cd4 count	
Median (IQR)	548(415-719)
Mean (sd)	583(235)
Time on program	
Median (IQR)	11.2(5.1-12.5)

Table.1 – Demographics

Conclusion

Implementing a monitoring approach and incorporating pharmacy-only visits for stable patients was feasible in Infectious Diseases Institute HIV clinic (Kampala, Uganda). High retention rates and virologic suppression rates suggest that this approach should be considered for wider implementation