

Pharmacists' Decisions on Switching ART to Address Patient Dissatisfaction With Daily Oral Therapy: Results From an Educational Program

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Background

- Optimizing ART requires healthcare professionals to regularly reappraise treatment regimens even for patients who achieve virologic suppression
- Pharmacists have a key role in the decision-making process about ART and the potential to optimize care
- This research evaluated whether CME could improve pharmacist recognition of appropriate ART switch strategies to address patient dissatisfaction with their current regimen

Aim

- Assess pharmacists' baseline practice and intended practice change using a hypothetical patient case

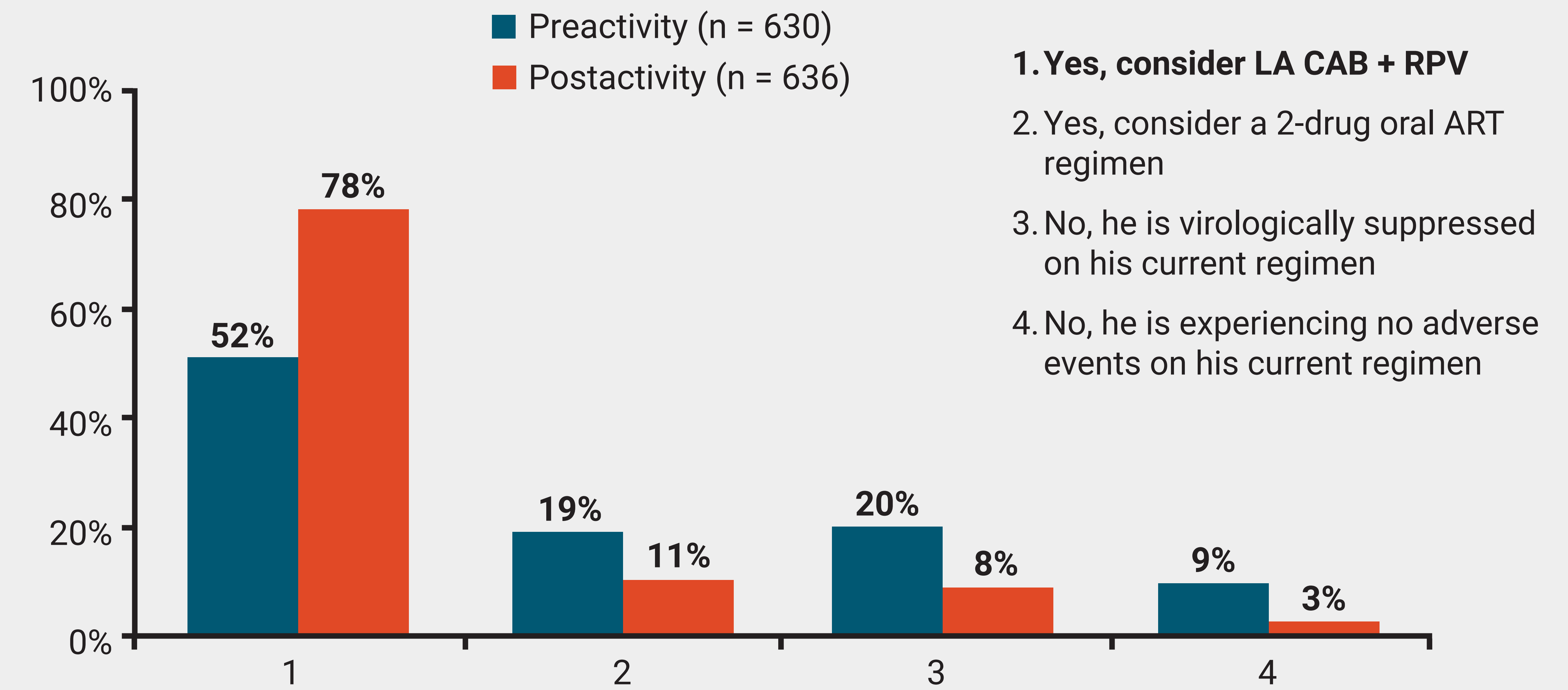
Methods and Program Reach

- As part of a CME program, HCPs were shown a patient case and asked to complete a pretest and posttest assessment question
- HCPs were asked to review a patient who was virologically suppressed on their current oral ART regimen but complains about the daily reminder of HIV and asked if they would consider switching to an LA CAB + RPV regimen
- We analyzed how likely pharmacists were to change treatment regimens between March 1, 2024, and March 4, 2025
- T tests were used to measure differences between preactivity and postactivity scores for matched and unmatched learners
- Differences in scores between groups were assessed using ANOVA



Results, Unmatched

Case 1: 42-yr-old man with HIV diagnosed 1 yr ago; has been taking BIC/FTC/TAF since diagnosis; adherent to ART; taking a pill every day reminds him of HIV; no other PMH or chronic medications
Should an ART switch be considered for this person?



Rationale

- Switching to LA ART can improve quality of life for some people experiencing internalized stigma with oral ART
- A switch to a single-tablet 2-drug oral ART regimen would continue to be a daily reminder of HIV for this person

Results, Matched

Characteristics	N	Preactivity	Postactivity	P Value
Practice Site				
Community	395	52%	79%	<.001
Academic	142	61%	82%	<.001
Specialty				
Non-HIV/Infectious Disease	313	42%	75%	<.001
HIV/Infectious Disease	244	68%*	85%*	<.001
Practices in a CDC jurisdiction of interest per the <i>Ending the HIV Epidemic in the US</i>				
No	285	51%	80%	<.001
Yes	227	59%	82%	<.001

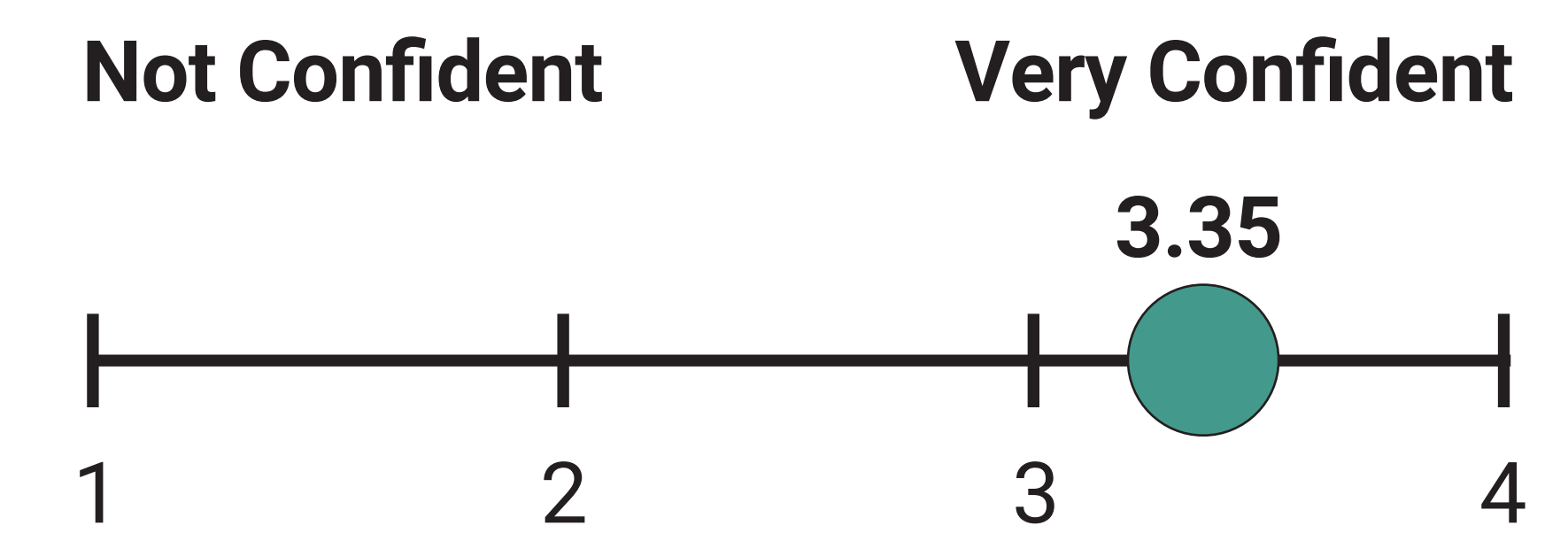
*Indicates a statistically significant difference in preactivity and postactivity scoring between groups ($P < .05$)

Educational Program Learners

Characteristics	N (%)
Pharmacist Answered ≥ 1 question	1095 718
Practice Setting	
Hospital/Acute Care	358 (32.7)
Ambulatory Care	194 (17.7)
Managed Care	44 (4.0)
Federal Facility	41 (3.7)
Long-Term Care/Hospice	25 (2.3)
Other	394 (36.0)
Unknown	39 (3.6)
Practice Site	
Community	778 (71.1)
Academic	272 (24.8)
Specialty	
Non-HIV/Infectious Disease	711 (64.9)
HIV/Infectious Disease	384 (35.1)
Practices in an CDC Jurisdiction	
No	563 (51.4)
Yes	403 (36.8)

Educational Program Impact

Learners were asked, "How confident are you that you can make the intended changes?"



Conclusions

- We observed at baseline that most pharmacists would not consider switching to LA ART in a person who is virologically suppressed
- Following education, most respondents did correctly choose to consider switching to LA CAB + RPV

ART, antiretroviral therapy; BIC/FTC/TAF, bicitgravir/emtricitabine/tenofovir alafenamide; CAB, cabotegravir; HCP, healthcare professional; LA, long-acting; RPV, rilpivirine.



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