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Impact of pharmacist counseling in late refills of antiretroviral therapy: a study following the early warning indicators of world health organization

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With increasing global use of antiretroviral therapy (ART), World Health Organization (WHO) has developed HIV drug resistance (HIVDR) Early Warning Indicators (EWIs) to optimize prevention of HIVDR. Recent studies have reported on time pharmacy refill to be the strongest predictor of clinic-level viral load suppression and an important proxy measure of population adherence to ART. In this study, we hypothesized that counseling at late pharmacy refills is able to improve refill adherence. The primary objective was to determine the common reasons of late refill and assess the impact of pharmacist counseling at the point of late ART refill. We also sought to determine the percentage of patients who picked up prescribed antiretroviral drugs on time as described by WHO's fourth early warning indicator. A prospective cohort study was conducted among 751 HIV-infected individuals receiving antiretroviral therapy from November 2017 till February 2018. On time pill pick-ups were recorded whilst late refills were actively absorbed for a counseling session that included interventions. Follow up pharmacy refills 6 months post counseling was evaluated using medication possession ratio (MPR). Of 751 HIV-infected patients, 92% had on time refills. Being outstation accounted for the highest reasons for late refill which was 32% followed by work commitments, 28% and poor compliance, 21%. Adherence was defined as MPR of more than 90%. Pre (M1) to post (M2) counseling significantly increased MPR with mean±standard deviation (M1=81.13 to M2=93.33; SD=18.04; p=0.001). Our study suggests active counseling at late refills significantly increases pharmacy refill adherence and should be implemented where feasible.