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Managing Antiretroviral Therapy in Hospitalized Patients With HIV

Announcer:
You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Amanda Binkley, who's an Infectious Diseases Residency Program Director at the University of Pennsylvania Perelman School of Medicine and an Infectious Diseases Clinical Pharmacy Specialist at Penn Presbyterian Medical Center in Philadelphia. She'll be discussing medication management in patients with HIV during hospitalization. Here's Dr. Binkley now.

Dr. Binkley:
One of the most important considerations for the management of patients with HIV during hospitalization is their medication management. We want to ensure continuation of their antiretroviral therapy and other prophylaxis medications if indicated to prevent any interruptions to their medications, as that can lead to development of resistance or lack of viral suppression.

To do this, the first step is completing a medication reconciliation to ensure we have the patient's complete medication list prior to admission, including their antiretrovirals. During the hospital admission, patients may require additional medications to be initiated depending on the reason they presented to the hospital. These medications may interact with the patient's antiretrovirals, so ensuring we have an accurate medication history is critical to maintain efficacy and limit potential toxicity.

Another important consideration during the hospitalization is enteral access. Is the patient able to swallow and take medications orally, or are they intubated or NPO for some reason? In these cases, we need to evaluate the patient's antiretrovirals and see if they are able to be crushed and administered via gastric tube if the patient has one, or in some cases, we may need to hold therapy pending enteral access. For those individuals who do have a gastric tube, and their regimen is able to be crushed or available as a liquid formulation, therapy can be continued as-is via administration of a crushed tablet or suspension. For those with a gastric tube who are on a regimen that is not able to be crushed, we may need to consider an alternative regimen depending on how long they will not be able to swallow to ensure we limit the time off of antiretroviral therapy.

Lastly, we need to consider formulary status for the antiretrovirals. Not all institutions are going to have all of the antiretrovirals on formulary, so it's important to know what is on the hospital's formulary, and for those agents which are considered non-formulary, how we may be able to access those to ensure the patient's therapy is not interrupted. For example, most institutions do not have newer long-acting injectables on formulary, so we may need to have processes in place to ensure we can access these for those patients when needed, potentially bringing in the medication as a patient-owned med for administration in the hospital setting.

The ultimate goal is to ensure we are able to continue the patient's therapy, whatever it may be, and if needed, adjust based on the indication for admission to the hospital.

Announcer:
That was Dr. Amanda Binkley talking about key considerations for managing medication in hospitalized patients with HIV. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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