



# The Network News

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OREGON HIV/AIDS CASE MANAGEMENT

Thanks to January's presenters Kurt Hunter and Maria Bonacci for their presentation on prevention. For more information about HIV prevention go to <http://www.cdc.gov/hiv/dhap.htm>



## New York Times Examines Effects of Medicare Prescription Drug Plan on Patients, Including Those Living With HIV/AIDS

Access this story and related links online:  
[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=35391](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=35391)

The New York Times on Tuesday examined how the new Medicare prescription drug benefit affects access to drugs for beneficiaries, including those living with HIV/AIDS. Under the drug benefit, numerous companies are under contract with Medicare to provide medications to beneficiaries. Many drugs are not available immediately because of limitations or conditions set by insurers, including formularies, a company's list of drugs covered under their specific plan. In addition, some plans require doctors and beneficiaries to acquire "prior authorization" for specific drugs on their formularies, the Times reports. Most states have more than 40 Medicare drug plans available to beneficiaries, and one plan could have 25 to 30 forms for prior authorization for different drugs, according to the Times.

Doctors -- who are required to specify the viral load and white blood cell count of an HIV-positive patient to obtain coverage for some HIV/AIDS drugs -- say the requirements are cumbersome and can postpone or obstruct a patient's access to medications, according to the Times. President-elect of the American Medical Directors Association Steven Levenson said, "We have seen signs that Medicare drug plans are using management controls to deter access to medically appropriate drugs, including drugs in their own formularies." Independence Blue Cross implements "one standard prior authorization form" for its Medicare drug plans, which are available in 13 states under the name AmeriHealth, according to Daniel Lyons, the company's senior vice president. He said that the company also requires 17 forms for high-cost injectable drugs to treat conditions like HIV, cancer, hemophilia and rheumatoid arthritis. Lyons added that he would prefer "to simplify and standardize the prior authorization process" (*Pearl, New York Times, 2/14*).

FROM Kaiser Daily HIV/AIDS Report February 14, 2006

Next Meeting:

**March 14th**

**Dr. Joshua Boverman**

**"Mental Health and HIV"**

**State Office Building  
800 NE Oregon  
Portland  
Room 120-C**

**8:30 to 10:30 a.m.**

"Mental Health AIDS" is sponsored by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration (SAMHSA) and is disseminated free-of-charge through the SAMHSA web site in both PDF and HTML formats.

To view the newsletter go to: <http://mentalhealthAIDS.samhsa.gov>

We are in the process of reassessing the Network News and would love to hear from you. What things do you find helpful? What things are not helpful? What would you like to see added? Would you like to contribute to the Newsletter? Are there people you would like to see write guest columns? We are very open to any and all suggestions. Please contact me with your ideas. Thank you. Rick Stoller, 503-230-1202 [stollerr@ohsu.edu](mailto:stollerr@ohsu.edu)

<http://www.ask.hrsa.gov/>



This column is provided as a public service by Attorney Sarah Patterson ([www.sarahpattersonlaw.com](http://www.sarahpattersonlaw.com)), by e-mail: [sarah@sarahpattersonlaw.com](mailto:sarah@sarahpattersonlaw.com), (503) 281-4766. Sarah is a lawyer in private practice representing claimants with HIV, and is not associated with the Social Security Administration.

As the President and Congress consider expanding our current policies to allow foreign workers into the United States for limited periods of time, it is timely to review the current availability of Social Security and SSI benefits for non-citizens.

**To be eligible for SSI, an immigrant must generally be in one of these categories of “qualified” immigrants. Any alien receiving SSI prior to a 1996 legislative change is the single exception to this rule- eligibility simply continues.** . In general, beginning August 22, 1996, most aliens must be in a “qualified alien” category and meet a condition that allows them to get SSI benefits.

**These are some of the categories of currently eligible aliens:**

1. **Lawfully admitted for Permanent Residence (LAPR)** – Green Card holders.
2. **Refugees** - persons with a well-founded fear of persecution based on race, religion, nationality, political opinion or membership in a social group;
3. **Asylees** - same as refugees but apply for this status after coming to the US;
4. **Amerasians** – children, and their families, fathered by US citizens during the conflict in southeast Asia;
5. **Persons granted withholding of deportation or withholding of removal** - similar to asylum but granted following a deportation or removal hearing;
6. **Victims of Trafficking** - persons brought to the US against their will to engage in labor without pay;
7. **Cuban and Haitian entrants** - created in 1980, includes those who have been granted parole, applied for asylum;
8. **Persons granted conditional entry** - pre-1980 refugee status;
9. **Battered spouses or children approved or with an application pending under a family visa or under the Violence against Women Act (VAWA)**
10. **Persons paroled into the U.S. for at least one year** - includes public interest parolees;

SSI benefits may be paid for a maximum of 7 years from the date the Department of Homeland Security (DHS) granted you a status in the above categories, and the status was granted within 7 years of filing for SSI benefits.

You can get information about becoming a citizen by writing or visiting a local DHS office or calling **1-800-870-3676** to get an application for naturalization (DHS Form N-400). More detailed information is available at: <http://www.socialsecurity.gov/pubs/11051.html>

### **Resources on Women and HIV Compiled by AETC National Resource Center**

The AETC National Resource Center has compiled resources on treatment of women with HIV.

Included are guidelines, clinician support tools, training of trainer materials, patient information and reference materials. To view the resources go to:

<http://www.aidsetc.org/aidsetc?page=et-30-32&catid=women&pid=1>

From HAB Information email February 2, 2006



**I have both Hepatitis B and HIV.  
Is there anything in particular I should be aware of?**

One out of 20 people in the United States will get infected with Hepatitis B (HBV) some time during their lives. There are over 1 million people with chronic HBV in the US, approximately 4000 – 5000 die each year. The transmission risks for HIV and HBV are similar so co-infection with hepatitis B virus and HIV is common. The majority of persons with acute infection do not go on to develop chronic hepatitis. In general, between 6% - 10% of persons fail to resolve primary infection and develop chronic Hepatitis B. However in those with HIV, the rate can be up to 25%. Hepatitis B “carrier” is a term that is sometimes used to indicate people who have chronic (long-term) infection with HBV.

There are conflicting data with respect to the impact of HBV on the course of HIV infection. Most of the data suggest that HBV does not appear to significantly influence the progression of HIV disease. In some cases HIV medicines might not be tolerated as well, however. Data looking at whether HIV can alter the course of HBV Infection suggest that there some differences in the course of infection and in markers that track the disease.

Most of the medicines used to treat Hepatitis B share a similar mechanism of action as the HIV nucleoside analogs. In fact, several of the HBV meds also have activity against the HIV virus..see the table below.

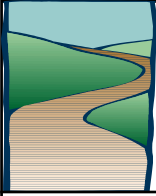
	FDA approved for Hepatitis B	HIV activity
Adefovir 10mg (Hepsera)	*	± *
Emtricitabine (Emtriva)		*
Entecavir (Baraclude)	*	
Interferon	*	
Lamivudine 100mg (EpiVir HBV)	*	* (300mg)
Tenofovir (Viread)		*

\* Adefovir was investigated as an anti-HIV medicine using 60 to 120mg dose, but it was not FDA approved.

When designing an HIV medication regimen for someone who also has HBV, it is common to include nucleosides that have activity against both viruses. If for some reason the HIV meds need to be discontinued, it is important to continue a HBV agent to prevent liver flare-up. If only the HBV is being treated, it is critical to use a medicine without activity against HIV. This is because the HIV virus can develop resistance very quickly when monotherapy is used.

Universal vaccination against Hepatitis B began in the US in 1991, with all neonates receiving the vaccination series. For those who do not know their Hepatitis B status, it is important to talk to their doctor about vaccination. Often a test is done first to determine if there has already been exposure and immunity developed prior to the vaccination series.

**Ask Debby is graciously provided by Debby Parrish, RPh, MPA:HA  
a pharmacist who specializes in HIV.**



### Comings and Goings

Stephan Herrera is now working at CAP as a Housing Case Manager. Stephen was formerly with Brother to Brother.

The Medicare Access network of Oregon is offering a toolkit to help case managers, clients, providers and the general public to learn more about the new Medicare Part D prescription drug benefit. The toolkit documents available include:

- Background information on the Medicare Rx Access Network of Oregon.
- Tools and templates:
  - Fact sheets for Medicare Part D in Oregon
  - Summary of current Medicare Part D enrollment figures
  - Newsletter article describing Medicare Part D (long version)
  - Newsletter article describing Medicare Part D (short version)
- Web article about Medicare Part D
- Resource list for Medicare Part D
- Resource list from the centers for Medicare and Medicaid
- Resource list for pharmacist who assist Dual Eligible Beneficiaries
- Tip sheet for accessing your first prescription under your new Part D coverage
- Review of Medicare News articles from around the U.S.
- Letter to the editor writing tips and submission information
- Worksheet to prepare Medicare beneficiaries for enrollment
- Decision points to assist Medicare beneficiaries

To receive the text or electronic documents of this tool kit you can call 503-595-8352 or email [aklug@ulum.com](mailto:aklug@ulum.com)

On January 13, 2006 DHS announced on a press release the Medicaid Temporary Prescription Drug Assistance for Fully Dual Eligible Medicare Part D Clients. This rule is a temporary solution implemented because many pharmacies are not able to verify that the fully dual eligible client is enrolled in one of the Federal Medicare Prescription Drug Plans or that the client is eligible for low-income subsidy assistance. OMAP will continue to work with the Federal Medicare Program to resolve these implementation issues with Part D coverage.

Information Provided by Sandra Sciacotti, CAP [ssciaccotti@cascadeaids.org](mailto:ssciaccotti@cascadeaids.org)

**Supporting Healthy Options for Prevention (SHOP), a program of Partnership Project** is pleased to inform the community of their new hire, Laura Paz. Laura is a part time (6 hrs a week) Spanish-speaking risk reduction counselor. SHOP is a behavior-change counseling program aimed at motivating HIV+ and HIV- individuals to protect their partners and themselves. The program offers 6 sessions with \$10 incentives. Sessions can occur in client's home, office, or over the phone. SHOP is available statewide. For referrals and questions about the program contact Maria, Kurt or Laura at Partnership Project 503-230-1202 (1-877-795-7700 Toll Free)

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Comments and questions about this publication should be directed to: Rick Stoller at [stollerr@ohsu.edu](mailto:stollerr@ohsu.edu), or call (503) 230-1202, FAX (503) 230-1213, 5525 SE Milwaukie Ave. Portland, OR 97202. This issue, and issues from Feb 2002 on, can be found electronically at <http://egov.oregon.gov/DHS/ph/hiv/ices/news.shtml>