



Winter Virology Newsletter

University of Iowa Hospitals and Clinics

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New Medicare Prescription Drug Plan

If you have Medicare and have HIV/AIDS, you need to know:

1. Starting January 1, 2006, Medicare prescription drug coverage becomes available to everyone with Medicare.
2. If you have both Medicaid and Medicare, then Medicare will help pay for your prescription drugs starting January 1, 2006. Your Medicaid drug coverage ends on December 31, 2005.
3. You may qualify for extra help paying for your Medicare prescription drug costs.
4. All Medicare drug plans will cover all antiretroviral medications.
5. Even if you don't qualify for extra help, you should join a Medicare drug plan by May 15, 2006, to pay lower premiums.



If you have both Medicaid and Medicare, what happens to your drug coverage?

If you have both Medicaid and Medicare, then starting January 1, 2006, Medicare will help pay for your drugs. Medicaid drug coverage ends for people with Medicare on December 31, 2005. To make sure that you don't lose a day of coverage, Medicare will automatically enroll you in a Medicare drug plan if you don't join one on your own. You will get a notice in the mail in October which tells you more about the drug plan you will be enrolled in and how you can choose a different plan if you wish. You can join a Medicare drug plan starting **November 15, 2005**. If you have Medicare and Medicaid, you automatically qualify for extra help paying your Medicare drug plan costs. You will have no or low copayments when you join a Medicare drug plan:



■ You will have no copayments if you live in an institution such as a nursing home.

■ You will have copayments of up to \$1 for generic drugs and up to \$3 for brand name drugs if you have a yearly income at or below \$9,570 (\$12,830 for married couples living together).*

■ You will have copayments of up to \$2 for generic drugs and up to \$5 for brand name drugs if you have a yearly income above \$9,570 (\$12,830 for married couples living together).*

* Income levels are for 2005 and can increase each year. If you live in Alaska or Hawaii, or pay more than half of the living expenses of dependent family members, income limits are higher. Your cost per prescription decreases to \$0 once the amount you pay and Medicare pays as extra help reach \$3,600 per year.

(Source: <http://cms.hhs.gov/medicareform/AIDS.pdf>)

Special points of interest:

- World AIDS Day
- Stop AIDS: Keep the Promise
- The Mission
- Adherence Information

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Adherence Information

This is the third installment of a series in our patient newsletter regarding HIV treatment adherence.

What should I do before I begin treatment?

**Talk with your healthcare provider about your treatment regimen. Dena Dillon, the clinic pharmacist, is also available to meet with during your clinic appointment. In addition, she can be reached by phone at 319-356-4208 on Wednesdays after 2:00.

**Get a written copy of your treatment plan that lists each medication, when and how much to take, and if it must be taken with

food or on an empty stomach.

Understand how important adherence is.

**Be honest about personal issues that may affect your adherence.

Adherence may be harder for people dealing with substance abuse or alcoholism, unstable housing, mental illness, or other life challenges.

**Consider a "dry run." Practice your treatment regimen using vitamins, jelly

beans, or mints. This will help you determine ahead of time which doses might be difficult to take correctly.

Develop a plan that works for you.



Many people find it helpful to identify the activities they normally do at the times they will be taking their medication. People who arrange their medication schedule around their daily routines adhere to their treatment plans better than those who do not.

(Source: www.aidsinfo.nih.gov)



World AIDS Day



According to UNAIDS estimates, there are 38 million adults and 2.3 million children living with HIV, and during 2005 some 4.9 million people became newly infected with the virus. Around half of all people who become infected with HIV do so before they are 25 and are killed by AIDS before they are 35.

Around 95% of people with HIV/AIDS live in developing nations. But HIV today is a threat to men, women and children on all continents around the world.

Started in 1988, World AIDS Day is not just about raising money, but also about increasing awareness, education and fighting prejudice. World AIDS Day is important in reminding people that HIV has not gone away, and that there are many things still to be done.

For many years, World AIDS Day has been

organised by UNAIDS, who have chosen the theme after consultation with other organisations. However, in 2005 UNAIDS handed over responsibility for World AIDS Day to an independent organisation known as The World AIDS Campaign (WAC).

The WAC's theme for their campaign is "Stop AIDS: Keep the Promise". This theme is however not specific to World AIDS Day alone but to the work the WAC does throughout the year. It will also remain the focus until 2010.

This change in the way that World AIDS Day is organized has caused some confusion among HIV & AIDS organizations. Some have chosen to adopt "Stop AIDS; Keep the Promise" as their theme for World AIDS Day 2005. Others have, for the first time, picked their own topic for the events they're holding this year on 1st

December. Whatever you decide to do for World AIDS Day however, the most important thing is that you follow its basic principals by raising awareness and understanding where you live and by remembering the millions living with HIV or suffering because of AIDS.

The red ribbon

The red ribbon is an international symbol of AIDS awareness that is worn by people all year round and particularly around World AIDS Day to demonstrate care and concern about HIV and AIDS, and to remind others of the need for their support and commitment.

The red ribbon started as a "grass roots" effort, and as a result there is no official red ribbon, and many people make their own. It's easily done - just use some ordinary red ribbon and a safety pin!

(Source: <http://www.avert.org/worldaid.htm>)

"World AIDS Day is not just about raising money, but also about increasing awareness, education and fighting prejudice."

New Kaletra/Tripanavir Formulation

Antiviral medication Kaletra®, (lopinavir / ritonavir) is now available in tablet form. The capsule form will be phased out over the next few months. Therefore, people taking **three** Kaletra® capsules twice daily or six once daily, will begin to receive the tablets. The equivalent dose with the tablets will be **two** tablets twice daily or four tablets once daily. Once daily

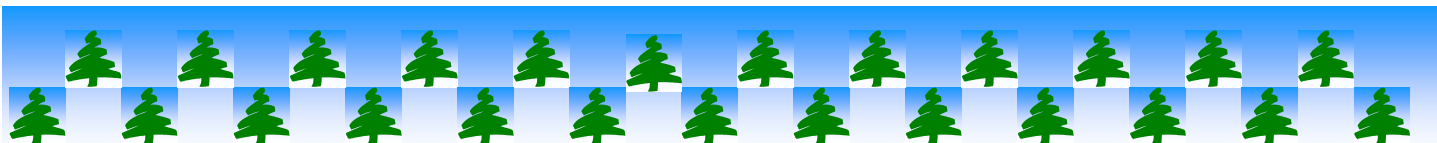


Kaletra® is recommended only for patients new to HIV treatment.

The new Kaletra® formulation does not have to be refrigerated, and can be taken with or without food.

Aptivus® (tipranavir)

Another new protease inhibitor has been recently approved. It is primarily used for patients with detectable viral load who are highly treatment experienced or have protease inhibitor resistant HIV strains. Aptivus® is given with Norvir® (ritonavir). It has many drug-drug interactions and will require regular lab monitoring because of possible liver toxicity.



"Stop AIDS. Keep the Promise"

"Keep the Promise" is an appeal to governments and policy makers to ensure they meet the targets they have agreed to in the fight against HIV and AIDS. Some of the most important of these promises are contained in the UNGASS Declaration and the 3 by 5 Initiative:

The UNGASS Declaration of Commitment was signed by all 189 members of the UN in June 2001. The governments of these countries committed themselves to taking action on HIV and AIDS in the fields of leadership, prevention, care and support, treatment, reducing vulnerability, and human rights. The following targets were set for the end of 2005:

Reduce HIV prevalence by **25% among men and women aged 15-24 in the most affected countries.

Ensure that at least **90% of young people aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.

Reduce the proportion of infants infected with HIV by **20% by increasing access to services which prevent mother-to-child transmission.

Increase annual spending on HIV and AIDS to **\$7-10 billion in low and middle-income countries and those countries experiencing or at risk of experiencing rapid expansion of HIV epidemics.

The 3 by 5 Initiative, which was launched by WHO and UNAIDS in December 2003, set the following target, which many governments promised to help achieve:

Provide access to antiretroviral treatment to **3 million people** living with HIV in developing and transitional countries by the end of 2005. (Learn more about 3 by 5 in our [treatment](#) section.)

People have a right to hold governments and policy makers to account as they announce whether these promises have been kept, and whether enough progress is being

made towards longer-term targets.

One of the **Millennium Development Goals** - to which all members of the UN have committed - is to **have halted by 2015 and begun to reverse the spread of HIV/AIDS**. Substantial progress must be made by the end of 2005 to ensure that our leaders will be able to keep this promise, too



(Source: <http://www.avert.org/worldaid.htm>)

The Mission

More than two decades into the worst healthcare crisis the world has ever known, STIGMA still challenges efforts to prevent, to treat and to ultimately cure HIV/AIDS. The awareness of such STIGMA is a necessary step towards the prevention, containment and eventual eradication, and is fortunately something we can all effect.



Barefoot and determined, each participant has left a meaningful mark in cement, but more importantly in the fight against HIV/AIDS and the destructive STIGMA associated with this devastating disease.

The WE ALL HAVE AIDS Campaign debuted on World AIDS Day, December 1, 2005, and will continue to evolve and grow in the months and years that follow. The launch ads, photographed by renowned photographer Mark Seliger, will reach hundreds of millions of people through both domestic and international magazines, newspapers, radio ads, and bus and billboard postings in major markets across the U.S.

The WE ALL HAVE AIDS Campaign is an ongoing commitment by fashion designer Kenneth Cole and like-minded leaders to ensure HIV/AIDS, and the destructive STIGMA asso-

ciated with it, remain at the forefront of global consciousness. What began as a desire by Mr Cole to replicate his first AIDS awareness ad 20 years ago, will be of the largest AIDS campaigns to address STIGMA and solidarity in the history of the disease; hopefully having a positive effect on millions of lives and, moving us one step closer towards making AIDS history as well.

(Source: Until WE ALL HAVE AIDS is incorporated as a nonprofit foundation and receives IRS approval, it is under the administration of amfAR, The Foundation for AIDS Research(www.amfar.org), a nonprofit organization incorporated in New York State and eligible under the Internal Revenue Code to receive tax-