New Ryan White Program medication guidelines: How to get medicine if you do not have pharmacy insurance

Denise Heflin-Peyton, RN

In order to provide as many services to as many clients as possible, the Ryan White Program (RWP) must make the best use of every dollar spent by our program. Our 2003 expenses for patients’ medicines were far greater than anticipated, due to increased demand, and it has become necessary to change our procedures.

In light of the waiting list for West Virginia’s AIDS Drug Assistance Program (ADAP) and the increasing costs of medicines, the RWP is now using medication sample supplies and drug companies’ patient assistance programs whenever possible. Through their patient assistance programs, many drug companies provide free medications to patients with low income.

Effective immediately, the RWP will no longer pay for long-term medications. The RWP staff will assist patients without pharmacy insurance benefits to obtain medicine from pharmacy assistance programs and other sources. It is very important that clients work closely with the RWP staff to complete applications and to provide information requested by the drug companies.

Each company has different eligibility guidelines and different forms. They also have different time frames for reapplying for their programs. Work with the RWP staff to complete applications and to renew them as needed.

Working with your doctor
The doctor that orders the medicine must sign the applications. The RWP staff will work with the doctors at the Charleston Area Medical Center (CAMC) Clinics to complete the forms. Clients are responsible for working with doctors outside of the RWP to complete application forms.

The RWP staff can assist clients with this process, but the ordering doctor must sign the forms and his/her office must be able to receive the medicine if the drug company sends the medicine to the doctor’s office. Some drug companies mail medicines directly to the patient and others send it to the doctor’s office. Patients must pick up medicines sent to the doctor’s office. Clients will be notified when they have medicine at the office or clinic.

When medicines are received at the CAMC Clinics, clients will be called and told they have medicine at the Memorial Hospital’s Employee Pharmacy. It is located on the first floor of Memorial Hospital near the Outpatient Clinics and Outpatient Lab.

Refills
It is very important to follow the drug company’s instructions for refilling your medication. Keep any letters or instructions that the drug company sends you about how to refill medications. Call them in plenty of time to refill medications. You must allow enough time for the medicine to be mailed. The RWP will not pay for medications just because refills were not requested in time. Let the RWP staff know of any problems you have with refilling medications. Immediately notify the RWP and the drug company if your address or phone number changes. The drug companies require a street address to mail medicines to patients. They will not send medicines to post office boxes.

New RWP medicine policy
The RWP will pay only for a 30-day supply of medically urgent medicines that must be started right away and cannot be obtained any other way. Due to very high costs, the RWP will no longer pay for Androgel® or Marinol®. Except for emergencies, such as surgery, the RWP will not pay for pain medicine.

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Nausea and Diarrhea
Common HIV Drug Side Effects and their Management: Part 1
Christine Teague, PharmD, MPH, BCPS

Nausea
Two of the most common side effects of HIV medicines are nausea and diarrhea. Nausea is a general feeling of sickness or “queasiness” in the stomach and may or may not include actual vomiting. Nausea and vomiting can cause some people to lose their appetite (also known as anorexia).

Not everyone will experience these feelings, but knowing more about them will make them easier to manage should they arise. These side effects often will go away on their own after the drugs are taken for a few weeks. Less frequently, the medicine can be changed to another drug that is less likely to cause nausea and vomiting.

Try the following to help control nausea:
- eat small meals frequently instead of two or three large ones. Large amounts of food in the stomach may make feelings of nausea worse
- avoid spicy, greasy or strong smelling foods
- if possible, open windows while cooking to remove odors, or use the microwave
- do not lie down immediately after eating
- avoid things that irritate the stomach such as alcohol, aspirin, caffeine (coffee, colas and other soft drinks including Mountain Dew) and smoking
- try eating a few dry crackers when you wake up in the morning
- relax before meals and chew slowly

If nausea doesn’t improve with the above changes, talk to your doctor about anti-nausea medications. Also consider other causes for nausea such as stress, headaches, stomach viruses, eating or drinking too little or too much, and use of alcohol and/or street drugs.

Diarrhea
Diarrhea, or watery stools, occurs in up to 50 percent of HIV-positive persons. Often it is due to starting or changing treatment and will lessen within a few days or weeks. If you are getting ready to start an HIV drug that is known to cause diarrhea, your health care provider can suggest treatments that may help.

Try the following to help manage diarrhea:
- eat from the BRATT diet (bananas, rice, applesauce, tea and toast)
- use lactose-free milk products
- decrease caffeine intake
- avoid spicy, greasy and fried foods
- use bulking agents such as psyllium (Metamucil®) and oat bran
- drink plenty of clear liquids
- avoid undercooked fish, chicken or meat
- avoid food high in insoluble fiber such as raw vegetables, beans and brown rice

Sometimes, diarrhea can be extreme and can result in dehydration (loss of body water). Diarrhea that occurs five times or more daily, for five or more days in a row, or results in five pounds or more of weight loss, should always be brought to the attention of a health care provider.

It will be important that tests be done to make sure that the diarrhea is not being caused by parasites, bacterial infections or other HIV-related illnesses. A decision can then be made about the best treatment options, including the use of anti-diarrhea medications. If your diarrhea is accompanied by high fever and chills, you notice blood in your stools, or you feel extremely ill, let your provider know as soon as possible.

Teague is the Program Director for the CAMC Ryan White Program

Medication guidelines
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Co-payments
The RWP cannot pay for co-payments for medicine. Talk with your Title II case manager, Brian Henry or Sharon Smith, about any co-pays you have. They may be able to assist you. If you have Medicaid and cannot afford your co-pay, tell your pharmacy. Many will work with you to help you get your medicine. The RWP staff will work with private insurance companies and Medicaid to preauthorize medicines as needed.

Two helpful Internet sites with information about drug companies’ patient assistance programs are www.rxassist.org and www.needymeds.org.

Talk with the RWP staff about how to obtain your medicine. RWP staff available to help you are Denise Heflin-Peyton, RN, Care Coordinator and Randy Augustine, MSW, Social Worker. They may be reached by calling 388-9337 or toll-free 1-877-565-4423.

Heflin-Peyton is the Care Coordinator for the CAMC Ryan White Program.

To find out more about the CAMC Ryan White Program in southern West Virginia or to schedule an appointment, call toll-free 1-877-565-4423.
HIV and osteoporosis

By Shawnea Bibb, RD, LD; CAMC Clinical Dietitian

Recently, a high incidence of osteopenia and osteoporosis has been found in individuals with HIV. Osteoporosis is a skeletal disease. It is characterized by a significant loss of bone mass and strength which can leave your bones weak and more subject to fracture. Osteopenia is a low bone density stage that precedes osteoporosis.

Men and women gradually lose bone mass at a rate of 0.5 percent to 1 percent per year, starting at age 35. Women lose bone at a faster rate after menopause. The rate of bone mineral loss for those infected with HIV is still unknown.

Risk factors for developing osteoporosis include:

• Family history
• Early or surgically induced menopause
• Postmenopausal women
• Lack of physical activity
• Cigarette smoking
• Excessive alcohol, sodium, and caffeine intake
• A diet low in calcium and/or Vitamin D

Although the reason is unclear, people who are infected with HIV, with or without the above risk factors, are more likely to develop osteoporosis. This bone disease can be silent until a bone fracture occurs. It is very important for those who are living with HIV to reduce their risk factors and to be certain that their diet has enough calcium and Vitamin D.

Calcium and Vitamin D are both essential to our bodies. Calcium is a common mineral that promotes development and maintenance of strong bones and teeth. Good sources of calcium include dark green, leafy vegetables; dairy products; clams; oysters; sardines; and soybeans. Recommended intake levels of calcium are as follows:

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<thead>
<tr>
<th>How much calcium do you need?</th>
<th>mg per day</th>
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<tbody>
<tr>
<td>Birth – 6 months</td>
<td>210</td>
</tr>
<tr>
<td>7-12 months</td>
<td>270</td>
</tr>
<tr>
<td>1-3 years</td>
<td>500</td>
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<tr>
<td>4-8 years</td>
<td>800</td>
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<tr>
<td>9-18 years</td>
<td>1,300</td>
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<tr>
<td>19-50 years</td>
<td>1,000</td>
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<tr>
<td>51-70+ years</td>
<td>1,200</td>
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Vitamin D occurs naturally in animal products and is necessary to allow calcium to be absorbed in our bodies. The richest source of the vitamin can be found in fish liver oils. Other sources include fortified cow’s milk and natural exposure to sunlight. Did you know that exposing one’s hands, face and arms to just 5 to 15 minutes of sunlight, two to three times a week, will provide most people with their Vitamin D requirements?

Weight bearing exercise also is vital for improving and maintaining bone density. Individuals who are lactose intolerant (allergic to milk and/or milk products) may want to start taking a calcium and Vitamin D supplement along with their multivitamins. There are several different forms of supplements available on the market. Ask a physician, pharmacist, or dietician to find out which one may be best for you.

Bibb, a clinical dietician, is a member of the CAMC Ryan White Program’s care team.

This newsletter is a quarterly publication of the CAMC Ryan White Program. It is intended to provide helpful information to individuals in southern West Virginia who are affected and/or infected by HIV/AIDS.

We welcome your comments, suggestions and ideas or topics for articles. Contact Barbara Joseph, Outreach Coordinator, at (304) 388-9979 or by E-mail at barbara.joseph@camc.org to share your suggestions or to request future issues of path.

Take the test!

The decision to be tested for HIV is the first step in taking responsibility for yourself and the health of others with whom you may be intimately involved.

HIV testing locations

Many testing sites offer free testing, but some charge a fee. Some locations require an appointment; others accept walk-ins. Call ahead to be sure!

On the Internet you can find a list of test sites in your area by entering your zip code. Go to www.hivtest.org

By phone, you may call:

• WV AIDS/STD Hotline: 1-800-642-8244
• CAMC Ryan White Program care coordinator in Charleston: 388-9337 or toll-free: 1-877-565-4423
• National HIV/AIDS Hotline: 1-800-342-2437
• Your local county health department
Coping with anger

Laura Wilhelm, PhD

Everybody gets angry from time to time. However, some people struggle with intense anger on such a regular basis that it interferes with enjoying life. Chronic problems with anger take a toll on individuals’ health and relationships. The purpose of this article is to stimulate some different ways of thinking about anger.

First, recognize that anger is a feeling. Other feeling words include happy, sad, scared, and surprised, all of which we can expect to feel on occasion. Aggression is the type of behavior that may result when people don’t learn to manage their anger. Being angry doesn’t usually get you in trouble. Acting aggressively, such as screaming, punching, kicking, and breaking things, does cause you problems.

Older research suggested that you shouldn’t hold anger in, so the idea of venting became popular. Importantly, more recent data shows that “letting it all out” can actually be more harmful than helpful. Anger needs to be channeled constructively, not unleashed uncontrollably.

Many people believe they can’t help it when they feel strong anger and lash out with aggressive comments or behaviors. Some say “I just see red” or “I have a short fuse.” What we often don’t realize is that we create our level of anger based on what we tell ourselves. When anything happens to us, our minds make an interpretation about it, and the way we think about an event can steer us towards being more or less angry. These interpretations can happen very quickly; therefore, figuring out how we’re explaining things is a huge step. Angry feelings often result from automatic thoughts like “I can’t stand this,” “This is so unfair,” or “He shouldn’t have done that.” Learning to think in less upsetting ways is a great tool for helping to manage anger. The following are some questions to encourage you to STOP and THINK before allowing yourself to get overly angry and react in ways you may later regret.

Is there a less upsetting way to think about this?
Is this really going to matter tomorrow, next week, or next month?
Where is it going to get me to become really mad about this and lash out?
Am I being too hard on others or myself? Am I letting my unmet “shoulds” take over?
Do I have to get my way on this?
How would someone I admire handle this situation?

It is important to be able to view anger on a continuum—it’s not an all-or-nothing feeling. If someone insults you, steals from you, or pulls out in front of you while you’re driving, nobody would expect you to be unbothered. But, how bothered you get depends on you. People usually have more resources to manage practical problems when they can keep their anger at a more moderate level (say 40º or 50º). The keys to staying at the lower level are the statements you make to yourself and the behaviors you do.

Anger-Reducing Thoughts
This isn’t worth losing my cool.
I don’t like this, but I can stand it.
I can handle this—I’ve gotten through worse.
Anybody would be annoyed by this—I don’t have to make it worse by losing my temper.
These angry feelings will pass—I’d rather walk away than do something I’ll later regret.
I would have preferred they act better, but I don’t write the rules for them.
Hating someone keeps me tied to that person. Letting go of hate frees me.

Anger-Reducing Behaviors
- Taking a time-out
- Walking away
- Journaling
- Counting to 20
- Slow, deep breathing
- Relaxation techniques
- Calm, assertive communication
- Distracting yourself (with a funny movie, uplifting music, or a hobby)

Wilhelm, a psychologist, is a member of the CAMC Ryan White Program’s care team.