Free, Confidential HIV Rapid* Testing Locations

The Covenant House
600 Shrewsbury St.
Charleston, WV
The Covenant House offers free rapid testing the first Wednesday of each month from 1 to 3:30 p.m. by appointment only.

Contact Michael Vincent at (304) 921-0162 or mvvincent@wvcovenanthouse.org.

Kanawha County Health Department
Call ahead for HIV Testing clinic hours
(304) 347-8080

The West Virginia Bureau for Public Health
Chuck Anziulewicz (Chuck A) offers free rapid testing by appointment only. He is available to meet with you the first Saturday of each month at –
Ashbury United Methodist Church
501 Elizabeth St.
Charleston, WV
He can also work with you to schedule another convenient time and location. Contact Chuck at (304) 356-4062 or Charles.H.Aanziulewicz@wv.gov.

*This test requires only a mouth swab. Your results are ready in 20 minutes.

Pam LeRose, Editor and Outreach Director

Jared Leto in Dallas Buyers Club – he’s not there

Actress Jared Leto is the ultimate chameleon. In every film he has made, you won’t find him. Beautiful and talented (those amazing eyes!) he becomes the character like a snake shedding its skin. He never plays himself, but transforms completely.

The emaciated heroin addict required weight loss, and Mark David Chapman, John Lennon’s killer, in Chapter 27 for which he gained 67 pounds causing him to develop gout, are only two examples.

Jared won the 2014 Oscar for best supporting actor in the role of Rayon, a transgender woman battling AIDS, in Dallas Buyers Club, a film about the American AIDS epidemic in the 1980s, when to be diagnosed was a certain death sentence.

Jared began playing Rayon before he got the role. Director Jean-Marc Vallée says he “never met Jared Leto. I met Rayon. I don’t know Leto. During our first meeting he was Rayon, and he tried to seduce me. He was so into the character, he dressed as Rayon.”

In an interview with Dain Anderson-Minshall published in HIV Plus magazine, Leto said that he felt Buyers Club was a special story that had too many things that he couldn’t say no to. When he first moved to Los Angeles in the ‘80s, he had a roommate in his 40s who was dying from AIDS. “My roommate... had a lot of grace in such a challenging moment. So that left a big impact on me,” Leto said. “My first agent also passed away, died from AIDS.. it was a death sentence at the time. I do remember it very clearly.”

Lennon’s killer, in Requiem for a Dream, which required weight loss, and Dallas Buyers Club, a film about the American AIDS epidemic in the 1980s, when to be diagnosed was a certain death sentence.

Lennon’s killer, in Requiem for a Dream, which required weight loss, and Dallas Buyers Club, a film about the American AIDS epidemic in the 1980s, when to be diagnosed was a certain death sentence.

Humor and tragedy are often a delicate balance in the raw world of HIV and AIDS. Leto said that he felt Dallas Buyers Club was a special story that had too many things that he couldn’t say no to. When he first moved to Los Angeles in the ‘80s, he had a roommate in his 40s who was dying from AIDS. “My roommate... had a lot of grace in such a challenging moment. So that left a big impact on me,” Leto said. “My first agent also passed away, died from AIDS... it was a death sentence at the time. I do remember it very clearly.”

Leto said that it was incredible to hear how the film connects so deeply with people who have a very personal connection to the story, people who have had their own challenges or lost loved ones. “It can either show us a side of life we’ve never seen before or remind us of where we’ve come from, and that’s a really beautiful thing when it happens in that way,” Leto told Anderson-Minshall. “I think it shines a light both for the people that were there and for the people that weren’t...”

Dallas Buyers Club is one of hope and despair and the mystery and sweet sadness of one’s own destiny.

*Quotes and partial quotes are from an interview article by Editor-In-Chief Dain Anderson-Minshall in HIV Plus magazine January/February 2014 Issue.
The Affordable Care Act and Extended Medicaid Coverage—What’s in it for you?

Pam LeRose, Outreach Director

The Affordable Care Act (also known as Obamacare or ACA) has provided an unprecedented opportunity to reach the more than 1 million people nationwide living with HIV. Advocates and doctors agree that the changes will help a population that has struggled for decades to maintain regular access to care. New insurance options could also lead to more preventive care and earlier diagnosis and treatment. Medicaid and all insurance plans are now required to cover 10 essential health benefits. The benefits include prescription drugs, various preventive services, mental health care and other services that are important for managing HIV. HIV testing is now an essential benefit as well, which generally means you won’t have to pay for it.

Important ACA Insurance Changes:

Two of the important changes in insurance coverage are:

1. Private insurers are required to cover individuals with pre-existing conditions, such as HIV and AIDS, and cannot charge you more because of illness. Also, insurers can’t limit how much is spent on your medical care – over a year or less as a single person or $21,000 or less as a family.

2. Other individuals under age 26 are eligible for health insurance and will have to wait in order to avoid any interruptions in prescription drug therapy.

If you are denied coverage for a drug prescribed by your doctor, you have the right to challenge the denial and present medical evidence to justify your need for the drug. The insurer must establish a process for you to appeal a drug denial and provide access to all drugs (even drugs not normally covered by the plan) that you can demonstrate are clinically necessary and for which another covered drug is not suitable.

You can also request that they give you a temporary supply of a medication until your appeal is resolved. The Ryan White AIDS Drug Assistance Program (commonly called ADAP) might be able to assist you with drug coverage to prevent any gaps in your treatment regimen. If the ACA Marketplace is your best bet and you missed the enrollment deadline, the next enrollment period will be in the fall. Contact us and we will help navigate you through the process.

Hepatitis C treatment “game changers” are coming — Spring 2014

Meredith Todd, PharmD, CAMC PGYI Pharmacy Practice Resident

While researching for this article, I came across a surprising statistic. Since 2007, the Hepatitis C virus and its host of complications cause more deaths in the United States than HIV. The Hepatitis C virus, or HCV, affects 170 million people worldwide, including 3.2 million people in the U.S. Around 15,000 people are diagnosed with HCV each year in the U.S., and that number has increased by 50 percent in the past eight years. It’s estimated that a quarter of all HIV-positive persons are also infected with HCV. Chronic HCV is a major cause of cirrhosis and liver cancer and is responsible for the majority of liver transplants in the U.S. Although most people infected with HCV don’t have any signs or symptoms until there is actual liver damage, HCV can progress faster in people who are also HIV-positive.

In past years, the only available treatment for HCV involved injections of interferon (Pegasys® or PegIntron®) and oral ribavirin. These two drugs are famous for their severe side effects, which include flu-like symptoms, anemia, and depression. For a few patients, the side effects are so severe that they are unable to tolerate the therapy at all.

Thankfully, new options are being introduced. In November of 2013, Olysio® (simeprevir), an oral once-daily medication, was approved by the FDA for HCV treatment. Olysio® is the third HCV protease inhibitor (PI) to be approved, and its addition to interferon and ribavirin injections has proven to be more effective than the two older drugs alone.

This new agent is effective for both patients who have never received HCV treatment, and those who have previously completed a course of interferon and ribavirin. The downside to the two older PIs approved in 2009 (telaprevir/Incivek® and boceprevir/Victrelis®) is the requirement for multiple daily doses. All three PIs have the potential for drug interactions with existing antivirals used to treat HIV.

Another new oral HCV therapy was approved by the FDA in December 2013. Sovaldi® (sofosbuvir) is an HCV nucleotide analog inhibitor that blocks a specific protein needed by the hepatitis C virus to copy itself. This development is particularly exciting because of its effectiveness against hard-to-treat types of HCV without the use of interferon in combination, as well as few drug interactions and the approval to be used in HIV/HCV co-infection. Sovaldi® has been studied in both patients who have had treatment and those who have not. It has also been an effective treatment option for patients waiting for liver transplants.

The most significant drawback is the cost. A 12-week course of Olysio® is about $66,000. The price for 12 weeks of Sovaldi® is $84,000 — that’s $1,000 per pill. The drug manufacturers offer patient assistance programs to cover some of the cost, and out-of-pocket costs with insurance coverage will vary.

There are additional HCV therapies that are still in clinical trials awaiting FDA approval. Current guidelines for testing, treatment and management of HCV have been updated and are published online at http://www.hcvguidelines.org. It is exciting to have therapy options for people who cannot tolerate older therapies. For certain types of HCV infection, the treatment duration has been significantly reduced, with the shortest treatment course being only 12 weeks. If you have HCV, your health care provider can offer guidance on appropriate treatment options for you.

The Affordable Care Act and Extended Medicaid Coverage—What’s in it for you?