



New Year Reflection

As a new year begins we are excited for the possibilities of the year to come and are reflective of the events of the past year. The recent events in Newtown and Clackamas, as well as the devastation caused by Hurricane Sandy give us pause.

We honor what is basic and most valued in our lives: health, shelter, community and safety. As we move forward, we will work to heal from these tragic events as well embrace all the possibilities in the coming year, retaining the values that are important in our work with clients and in our personal lives.

Wishing you all good health and peace in the coming year.

Julia Eigen-Morawski, LCSW

Next Meeting

January 8th

Lisa Morawski

Cover Oregon

A "RAISE" FOR PEOPLE WHO GET SOCIAL SECURITY

By Alan Edwards, Social Security Public Affairs

As we ring in a new year, we can expect to see a number of changes. Social Security is no exception: In 2013, people who receive Social Security or Supplemental Security Income (SSI) payments will see their benefits increase.

Beginning in 2013, a 1.7 percent cost-of-living adjustment (COLA) was applied to all Social Security and SSI payments. The average monthly Social Security benefit for a retired worker in 2013 is \$1,261 (up from \$1,240 in 2012) and the average monthly Social Security benefit for a disabled worker in 2013 is \$1,132 (up from \$1,113 in 2012). These changes were reflected in SSI payments dated December 31, 2012 and Social Security payments dated in January 2013.

For people who receive SSI, the maximum federal payment amount has risen to \$710 (up from \$698).

Other Social Security changes in 2013 are worth noting. For example, a worker now pays Social Security tax on up to \$113,700 of annual income (up from \$110,100 in 2012). A worker earns one credit after paying taxes on \$1,160 in earnings in 2013 (up from \$1,130). As always, a worker may earn a maximum of four credits each year and a person generally needs forty credits (or ten years of work) to be eligible for retirement benefits.

To learn more about these and other changes for 2013, visit the Social Security website at www.socialsecurity.gov, and read our fact sheet about the changes at www.socialsecurity.gov/pressoffice/factsheets/colafacts2013.htm.



ASK Devon (Guest Columnist-Ryan Markham)

Ryan Markham, PharmD; PGY 1 Pharmacy Resident at OHSU

Newest Antiretroviral Approval: Emtricitabine / Tenofovir / Elvitegravir / Cobicistat **“The Quad” Is Here!**

Previously nicknamed “The Quad” during research and development, the combination of emtricitabine / tenofovir / elvitegravir / cobicistat is now known by its brand name, Stribild[®] (pronounced STRY-bild). It was approved by the US Food and Drug Administration (FDA) in August 2012. It is the third one-tablet-once-a-day complete antiretroviral (ARV) regimen approved by the US FDA for treatment of HIV infection. Previously FDA-approved single-tablet-regimens (STRs) include Atripla[®] (2006) and Complera[®] (2011). Stribild[®] includes the first once daily integrase strand transfer inhibitor (InSTI) and the first InSTI available as an STR.

What is it?

As pictured in the comparison table below, Stribild[®] shares the same NRTI backbone of emtricitabine and tenofovir (available as the combination tablet Truvada[®]) as the other STRs. While Atripla[®] and Complera[®] complete their regimens with a non-nucleoside reverse transcriptase inhibitor (NNRTI), Stribild[®] is the first STR based on an Integrase Inhibitor (elvitegravir).

Comparison of currently available of antiretroviral single tablet regimens (STR)		
Atripla (2006)	Complera (2011)	Stribild (2012)
Efavirenz 600 mg Non-nucleoside reverse transcriptase inhibitor (NNRTI)	Rilpivirine 25 mg Non-nucleoside reverse transcriptase inhibitor (NNRTI)	Elvitegravir 150 mg Integrase strand transfer inhibitor (InSTI)
		Cobicistat 150 mg “Pharmacokinetic enhancer” or “booster”
Emtricitabine 200 mg Nucleoside reverse transcriptase inhibitor (NRTI)		
Tenofovir 300 mg Nucleotide reverse transcriptase inhibitor (NRTI)		

Emtricitabine/tenofovir (nucleoside/nucleotide reverse transcriptase inhibitors, NRTIs) Emtricitabine/tenofovir (Truvada[®]) is the NRTI backbone of all preferred, and several alternate initial ARV regimens recommended for non-pregnant, treatment-naïve adults according to the US DHS Antiretroviral Treatment Guidelines

Elvitegravir (Integrase strand transfer inhibitor, InSTI)

Elvitegravir joins raltegravir (Isentress[®]) as the second InSTI approved for use in HIV treatment. Currently, elvitegravir is only available as a component of Stribild[®] and is not available as a single component.

Cobicistat (“Pharmacokinetic enhancer” or “booster”)

Cobicistat acts similarly to the ritonavir component of other antiretroviral regimens as a “booster” or “pharmacokinetic enhancer.” It increases the drug level of elvitegravir and slows its clearance from the body.

Pronounced Koby-SIS-stat

How is it taken?

Take one tablet **ONCE DAILY** with **FOOD**. Food increases the amount of the elvitegravir component that is absorbed. At least a snack should be eaten when taking the daily dose.

What are the side effects?

The most frequent side effects for Stribild[®] are nausea and diarrhea. The nausea seems to be mild and resolve within approximately 2 weeks with continued treatment. It is important for kidney function to be monitored routinely during treatment.

Who can take it?

Stribild[®] is approved for adult HIV patients who are ARV-treatment naïve or have no known resistance mutations to the components.

Stribild[®] is pregnancy category B based on animal studies. A pregnancy registry is available to study the efficacy and safety of Stribild[®] use in pregnant women.

Continued on next page

Newest Antiretroviral Approval: Emtricitabine / Tenofovir / Elvitegravir / Cobicistat
“The Quad” Is Here! (continued)

Who should NOT take it?

Pediatrics: Stribild[®] was not studied in pediatrics during the clinical trials. There are currently no pediatric dosing recommendations. Caution is advised with tenofovir (a component of all STRs) in patients who are still growing due to its potential effects on bone development.

Kidney or liver dysfunction: Stribild[®] is not recommended in people with a creatinine clearance of < 70 mL/min (this is a measure of renal function). Patients with severe liver dysfunction were not included in the clinical trials, and use is not recommended in these patients.

How well does it work?

Virologic Suppression: Stribild had similar rates of viral suppression to Atripla[®] and atazanavir + ritonavir (Reyataz[®] + Norvir[®]). HIV RNA <50 copies/mL at 48 weeks: Stribild[®] 88% versus Atripla[®] 84%; Stribild[®] 90% versus atazanavir + ritonavir 87%).

What about resistance?

Stribild[®] is not expected to be effective in patients with resistance to raltegravir, the other InSTI currently available in the US market. They have significant “cross-resistance” meaning that viral mutations affect the ability of *both* medications to suppress the HIV infection.

Stribild[®] may offer a one-tablet-once-daily regimen option for patients who are resistant to NNRTIs since Atripla[®] and Complera[®] are both based on NNRTIs.

Social Security Field Offices to Close to the Public a Half Hour Early Each Day and at Noon on Wednesdays

By Alan Edwards
Social Security Public Affairs

Effective November 19, 2012, Social Security field offices nationwide will close to the public 30 minutes early each day.** For example, a field office that is usually open to the public Monday through Friday from 9 a.m. to 3:30 p.m. will close daily at 3:00 p.m. In addition, beginning January 2, 2013, offices will close to the public at noon every Wednesday.

While agency employees will continue to work their regular hours, this shorter public window will allow them to complete face-to-face interviews and process claims work without incurring the cost of overtime. The significantly reduced funding provided by Congress under the continuing resolution for the first six months of the fiscal year makes it impossible for the agency to provide the overtime needed to handle service to the public as it has done in the past.

In addition, on November 23, the day after Thanksgiving, all Social Security field offices will be closed to the public. As we did last year, field office employees working that day will focus on reducing backlogged workloads.

Most Social Security services do not require a visit to a local office. Many services, including applying for retirement, disability or Medicare benefits, signing up for direct deposit, replacing a Medicare card, obtaining a proof of income letter or informing us of a change of address or telephone number are conveniently available at www.socialsecurity.gov or by dialing our toll-free number, 1-800-772-1213. People who are deaf or hard of hearing may call our TTY number, 1-800-325-0778. Many of our online services also are available in Spanish at www.segurosocial.gov.

** *NOTE TO CORRESPONDENTS—Due to the impact of Hurricane Sandy, Social Security offices in New Jersey, New York City, and Long Island, N.Y. will delay implementing these new office hours.*



Young Adult HIV Peer Support Group Winter 2012-2013 Schedule

January discussion: Stigma and HIV

February discussion: Online Dating

Connect with other HIV + young adults in a comfortable, small group setting.

Share support and information about issues such as navigating relationships, work, school, disclosure, and more.



When? **Every 2nd Monday of the month from 4:30pm-6:00pm**

Where? **Central Drugs: 538 SW 4th Ave, Portland**

Hungry? **Pizza & drinks provided each meeting**

Interested? **RSVP requested**

Contact Partnership Project facilitators:
Paolo Galullo, SW Intern: galullo@ohsu.edu (503) 230-1202 x 245
Lisa Steeves, LCSW: mitcheli@ohsu.edu (503) 494-6516

THANK YOU to Central Drugs for donating the space and food for this group.

Feeling lucky?

If you attend, enter to win a Holiday Gift Bag we'll be giving away at the event!



This column is provided as a public service by Attorney Sarah Patterson ([www. Sarahpattersonlaw.com](http://www.Sarahpattersonlaw.com)), by Email :Sarah@sarahpattersonlaw.com, (503) 281-4766. Sarah is a lawyer in private practice and represents claimants with HIV and AIDS in Social Security and SSI disability cases and is not associated with the Social Security Administration.

What to Expect at an Administrative Judge Hearing

AN ADMINISTRATIVE LAW judge hearing is the third stage in a Social Security or SSI appeal. After initial and reconsideration denials, a hearing is requested. It may take many months to get a hearing date. Social Security is now turning to video hearings to reduce the backlog of cases at the hearing level. Some of these may be held in your attorney's office, or at a Social Security site. The judge will be in another location.

HEARINGS ARE MEANT to be informal, fact-finding procedures. In the hearing courtroom, the claimant can expect to see the attorney and the judge. There is a hearing assistant who is there simply to record the hearing and handle the file. Sometimes medical and vocational experts are also present. The job of these experts is to give an opinion on the case, based on the medical record and the testimony.

THERE IS NO "PROSECUTOR" at the hearing, no lawyer for Social Security cross-examining the claimant. The hearings usually take about an hour. The judges will sometimes ask questions first and then allow the attorney to direct questions to the claimant. Some judges let the attorney ask questions first. In either case, the main information covered is age, educational background including vocational training, work history and disabilities. The disability can be mental or physical.

ALL THE PERTINENT information is presented to the judge. The judge will consider the medical evidence in the file, the testimony at the hearing, the experts' opinion and any further briefs or letters from the attorney. The decision is rarely made at the hearing itself, but will usually be issued within 30 days.

THE WRITTEN DECISION, if favorable, is the trigger for the beginning of the payment process. It can still be several more months until money is in the hands of a successful claimant. There are often delays at the local office or national payment centers.

CLAIMANTS WHO HAVE won their cases are now sent an internet access code to check the progress of their back benefit payments online. With electronic fund transfers and deposits, in an uncomplicated case, payments can be quickly facilitated. Claims that involve dependents or offset issues may take longer to resolve.

PLEASE CALL OR E-MAIL us if we can provide a free consultation for any of your clients who may have disability issues. The careful evaluation and advice of an attorney may result in larger back benefit payments and faster resolution of claims.

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This issue, and issues from Feb 2002 on, can be found electronically at <http://www.oregon.gov/DHS/ph/hiv/services/news.shtml>