CONSIDERING YOUR HEALTH & TREATMENT OPTIONS

HCV & HIV CO-INFECTION

a publication for people living with hepatitis C and HIV
**Table of contents**

2  Considering your health, treatment options
3  Finding ways to pay for your health care
6  Important HIV blood work
8  Important HCV blood work
11  How are HIV meds different from HCV meds?
12  Why take HIV medications?
14  Why take HCV medications?
17  Preparing for and managing side effects
20  Drug interactions
21  When to start HIV and HCV treatment
24  Adherence and HIV medications
25  Adherence and HCV medications
26  Adherence tips
27  HCV testing after cure
30  Charts for blood work and medications
Considering your health and treatment options

Welcome to booklet 2 of the Project Inform’s Health and Wellness series on *Hepatitis C and HIV Co-infection*. The main focus of this booklet is to provide you with basic information about HIV and HCV care and treatment.

We do not list HIV or HCV treatments in this booklet. HIV treatment recommendations are updated regularly, and the HCV treatment landscape is rapidly changing with new and more effective treatments being approved what seems to be every 6 months to a year. In order to stay up to date on these treatments, check out the *Positively Aware* annual HIV and HCV drug guides (www.positivelyaware.com), or any of the other resources listed at the end in booklet one.
Finding ways to pay for your health care

Two parts of your health care need to be paid for: medical visits (doctor, labs, procedures) and medications. This section is long, but it will help direct you or your case manager to programs that could help with these costs. We cannot explain all programs here, but you can call HELP-4-HEP (1-877-435-7443) for help.

Don’t let your ability (or inability) to pay for health care keep you from seeing a doctor or deciding to start treatment. There are ways to get medical visits and medications paid for. (For instance, Ryan White and community health centers can serve undocumented people.) Even if you feel like you cannot afford them, don’t let that deter you.

The best things you can do are to plan ahead for your care and to keep records of your insurance and contact numbers.

FINDING A BENEFITS COUNSELOR
If you’re confused or overwhelmed by how to pay for your care, find a benefits counselor or case manager in your area to help with topics you don’t understand. Contact local health clinics or community organizations like AIDS service or legal aid agencies, or dial 211 to find this kind of help. Find resources online at http://directory.poz.com and www.asofinder.com.

SEEING YOUR DOCTOR, GETTING BLOOD WORK
If you have health insurance, call your insurance carrier to see what your policy covers. Important things to check for are: is your doctor covered by your insurance, what drugs does your policy cover, and what are your out-of-pocket costs including things like co-pays and deductibles. These can add up to a lot of money each month if you don’t plan ahead. Some assistance programs may help you with your co-pays (see below) and insurance premiums (the money you pay each month for insurance).
If you’re uninsured, you can still get medical care. There are more resources for HIV care than for HCV, but both are still possible. The Federal Ryan White Program provides HIV care throughout the U.S. Ask your local health department for free or low-cost clinics in your area. Go online to use the “HIV/AIDS Locator” at http://locator.aids.gov. Also, most states have an AIDS hotline to help you find local services: http://hab.hrsa.gov/gethelp/statehotlines.html. Some states are expanding their Medicaid programs as a part of health care reform. Even if you are not disabled, check to see if you qualify.

If you have VA benefits, contact your local VA clinic, call 1-877-222-8387, or go to www.va.gov for more info. You do not have to use the VA before you get help from Ryan White, but some VA clinics offer good quality care and are very affordable.

KEEPING UP WITH YOUR COVERAGE
Most people who have private insurance get it through employers. If you lose your job or become too sick to work, you should be able to get COBRA insurance. It is good to keep this insurance until you get another job or disability coverage. COBRA may be expensive but some programs may help you with the costs.

PAYING FOR MEDICATIONS
Private insurance, the VA and some public programs will cover some of the cost of meds. How much you have to pay depends on the type of plan you’re in. The next two areas can help both uninsured and under-insured people.

PAPs and Co-Pay Assistance
Most drug companies help people pay for their meds through patient assistance and other programs. You may be limited by certain things, such as your income level, insurance status and length of time you can get meds, but
they’re worth checking into. Go to www.fairpricingcoalition.org/projects or ask your doctor’s office for a list of contacts.

**AIDS Drug Assistance Program (ADAP)**
ADAP covers the cost of HIV meds and some other medications that HIV-infected people need, such as some HCV medications. These programs differ from state to state, so talk to a case manager about this.

**DISABILITY**

**Medicaid**
This program is run through your state health department and covers doctor visits and meds. It only covers citizens and legal immigrants who have finished a five-year waiting period. Although some states cover all or some low-income people, others still require that you be both low income and disabled. Therefore, people with HIV and HCV may qualify through the “disability” category. You must get this approved through Social Security, as well as meet other requirements such as income and assets. Getting disability can be long and difficult, so find a case manager who can help. If you qualify for SSI (Supplemental Security Income) then you qualify for Medicaid. If not, you need to apply for Medicaid as well. HCV Advocate has an excellent benefits section at www.hcvadvocate.org.

**Medicare**
Medicare is available to people 65 years of age and older and to those who’ve been getting disability benefits (SSDI) for 24 months. Medicare is a complex program consisting of many parts. It’s best to talk to a case manager or benefits counselor to fully understand it and see how you can qualify. Go to www.medicare.gov for more information.
**Important HIV blood work**

We focus here on three routine tests since these are the ones that are most often used to check on HIV and the health of your immune system. For more information on other lab tests, read Project Inform’s booklet series, *HIV Health & Wellness*.

**HIV VIRAL LOAD**

The viral load test shows how much HIV you have in your blood. (For example, a viral load of 500 means there are 500 copies of HIV in a small amount (milliliter) of blood.) When you start HIV meds, viral load tends to go down. The goal is to keep viral load as low as possible for as long as possible, preferably at an undetectable level or below 50 copies. Having an “undetectable” viral load is a good sign that your meds are working, improves your health, and reduces the risk of HIV transmission to others.

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CD4 COUNT
The CD4 count looks at how many of these important white blood cells you have. CD4 cells act as managers of your immune system and direct it to fight off infections. When you start HIV meds, the CD4 count tends to go up. The goal is to keep your CD4 count as high as possible for as long as possible. The higher the CD4 count, the slower your liver disease will be. A CD4 count below 200 is considered an AIDS diagnosis. Generally a CD4 count above 500 is normal. Once it’s in the normal range, a CD4 count can go up and down and still be normal. Don’t get too caught up in any one lab test results, but talk to your doctor about trends in your CD4 count over time.

CD4 PERCENTAGE
Some doctors use the CD4 percentage in addition to CD4 count because it tends to change less often between tests than CD4 counts. This test counts how much of all your white blood cells are CD4s. In HIV-positive people, the CD4% averages about 25%, but can often be higher. A CD4% below 14% is considered an AIDS diagnosis.

MAIN POINTS TO REMEMBER

• HIV infects immune cells, which makes it harder for the body to fight off illnesses over time.
• Immune system damage does not happen the same way for everyone.
• Most people take HIV treatment to preserve the immune system.
• For more information on HIV, read Project Inform’s booklet series, “HIV Health and Wellness” at www.projectinform.org/HIVhealth.
Important HCV blood work

You and your doctor will use many tests to check on your HCV and the health of your liver. Some of them you will only be done once while others are done more routinely, much like your HIV labs. When it comes to making decisions, you and your doctor will consider these labs together to get a balanced view of your need for treatment.

HCV ANTIBODY TEST
This is the first test people will get to see if they have HCV. A positive result does not necessarily mean you have chronic HCV. This is because about 1 in 5 people who get the virus will clear it naturally on their own, although these odds go down some if you also have HIV. If you test positive, you also need to get an HCV viral load. If that is undetectable and stays that way 3 to 6 months later, then you’ve cleared the virus. Once you have HCV, your HCV antibody test will be positive for the rest of your life, even if you get cured of HCV.

However, even if you cleared the virus, you can still get HCV again. Do the things you need to do to stay HCV-negative. HIV-infected people should be tested for HCV once a year or more often if there’s risk of infection, such as injection drug use, multiple sex partners or unprotected anal sex.

Once you know you have chronic or long-term hepatitis C, the following labs become important.

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HCV VIRAL LOAD
The HCV viral load test tells you whether HCV is present in your system now and how much HCV is in your blood. It’s used to confirm chronic infection, but it’s also used to predict how well meds may work before you start and to check how well they’re working while you take them.

A high HCV viral load can be scary when it’s compared to HIV. Don’t panic! A high viral load does not necessarily mean that liver damage is happening faster. Also, HCV reproduces much faster than HIV does, so it’s not unusual to see an HCV viral load in the millions. Co-infected people tend to have higher HCV viral loads than HCV mono-infected people.

LIVER FUNCTION TESTS (LFTs)
LFTs are done when your medical provider orders a complete blood count (CBC). LFTs check for various liver enzymes that may suggest liver disease. Co-infected people should get their LFTs checked every 3-6 months.

Many things can lead to higher liver enzyme levels, including certain HIV medications, other prescription or over-the-counter medications, or moderate alcohol use. These levels can change from day to day and for other reasons that we can’t fully explain. The important things to monitor are LFTs that change a great deal or stay high over time.

LFTs are not enough by themselves to tell you if your liver is damaged. Your medical provider will look at them together with some other tests and your medical history to see what’s going on with your liver.

GENOTYPE (GT)
There are six different genetic types or strains of HCV, numbered 1 to 6. And, each one has subtypes such as 1a or 1b. Knowing your genotype and subtype will help you decide
whether treatment is right for you. This is because some HCV meds work better and for shorter lengths of time for some genotypes than others. GT 1 HCV is the most common type in the US, making up 70% of all infections, with GT 2 and 3 being the next most common. It. Genotypes 4, 5, and 6 are much less common in the US.

**LIVER BIOPSY**
A biopsy is the most accurate way to see if HCV is scarring the liver. The procedure removes a very small piece of the liver and then looks at the tissue for any damage. It’s used to determine the “stage” (the amount of scarring) and the “grade” (the amount of inflammation, which can point to future scarring).

Biopsies tend to make people feel nervous. So if you’re worried about getting one, you’re not alone. It takes only a few minutes, and is performed by a doctor, ideally one with lots of experience. Complications are rare, but it can be sore during and after the procedure. Talk to your medical provider about safe ways to manage any pain.

A liver biopsy may not be necessary in order to get treatment, and some medical providers may not order one for you. There are other non-invasive tests like a fibro test or FibroScan that can give you a good sense of the scarring of the liver. Additionally, if you have been recently infected, have a genotype that is easier to treat (such as type 1 or 2), or a lower viral load, then you and your doctor may forgo doing a biopsy.

**LIVER CANCER SCREENING**
Co-infected individuals and people with cirrhosis from HCV are at greater risk of liver cancer. If you have cirrhosis, it’s important to get screened for it regularly to detect cancer as early as possible. Screening is recommended every 6–12 months which may include blood tests and ultrasounds or CAT scans of the liver.
How are HIV meds different from HCV meds?

Taking HIV meds differs in four ways compared to taking meds for hepatitis C.

**HIV MEDICATIONS**

1. Medications cannot cure HIV infection. You take these meds to keep HIV under control over time.

2. HIV meds are taken for life. And, if your regimen doesn’t fully control HIV, there are other regimens you can switch to.

3. HIV meds have become easier to take, and many regimens are simply one pill taken once a day.

4. HIV meds may cause physical side effects, but they’re often short-lived over the first 2–6 weeks of starting them.

**HCV MEDICATIONS**

1. Medications can cure HCV in up to 100% of people depending upon genotype, amount of liver damage and treatment experience.

2. HCV meds are only taken for a short amount of time — usually 12 weeks.

3. HCV meds can come as pills (or shots, though this is rare) and are given in combination. You may need to take pills 1 or 2 times a day and you may need additional medications to counteract side effects of treatment.

4. Side effects of some HCV meds can be challenging to deal with, and may continue throughout the time that you take them. However, the newest drugs are generally very well tolerated.
Why take HIV medications?

For most people, the immune system cannot fully control HIV on its own. Therefore, all HIV-positive people are now recommended to start HIV treatment. The longer you leave HIV untreated, the more damage it can do, making you more prone to health problems.

Some HIV meds can be hard on the liver, so it will be important to monitor your liver health with regular blood work. However, taking HIV meds is generally a good decision for most co-infected people. Taking HIV meds can also slow down HCV liver disease.

PROLONGING LIFE
Taking HIV meds can greatly extend your life. It should also interfere as little as possible with your quality of life. The regimen should be easy enough to use so you can take every dose as prescribed, and it should have few (or at least manageable) side effects and drug interactions. For co-infected people, being on HIV meds can improve their HCV disease and can help improve the chances for curing hepatitis C.

RESTORING AND MAINTAINING IMMUNE FUNCTION
HIV treatment greatly slows down HIV replication. When you’re on HIV meds CD4 counts go up, which in turn improves your immune health. Some people see their CD4s rise very quickly after starting treatment while others may take more time, particularly in people with CD4 counts below 100. Having a higher CD4 count before starting HCV treatment is important. Because having a healthy immune system helps the HCV medications work better and some of the HCV medications may cause a temporary drop in your CD4 count.

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REDUCING VIRAL LOAD
Keeping HIV to very low amounts in the blood makes it easier for the immune system to control HIV, usually leading to better health. The primary goal of HIV treatment is to keep virus levels as low as possible for as long as possible, preferably undetectable (below 50 copies). People with high viral load before starting treatment may find their HIV levels drop slowly (perhaps 6 months or more), while those with less virus may see a faster response. HIV viral load does not appear to affect HCV disease.

REDUCING DRUG RESISTANCE
Drug resistance can happen when the virus changes and avoids the HIV drugs. When HIV is fully controlled, it’s harder for it become resistant. Therefore, taking meds that fully control HIV to undetectable is a key goal for treatment.

HELPING TO PREVENT TRANSMISSION
Individuals on potent HIV regimens who stay undetectable are much less likely to transmit HIV to sexual partners, although having active STDs may increase the risk. Large studies show that “treatment as prevention” reduces transmission of HIV by 96%. This can be an important factor for some people to consider.

SLOWING HCV DISEASE PROGRESSION
As mentioned earlier, liver health can be maintained or improved for co-infected persons who take HIV meds. HIV drugs can slow down the progression of HCV disease and reduce the risk of long-term liver problems.
Why take HCV medications?

Hepatitis C can be cured. This is the main reason to take HCV meds. Research shows that people who are cured have healthier livers, an overall improved quality of life, a longer life expectancy, and less or even no risk for end-stage liver disease. Getting cured sooner and then only living with HIV will minimize the risks that come with living with HCV.

**A Note on HCV Treatment in Co-infected Persons**

In the past, there were few FDA-approved HCV medications for co-infected persons. Today, we have several options available with more on the way. It’s a hallmark of the effectiveness of these drugs that they work as well in people with co-infection as they do in people with just HCV. Being aware of drug interactions is extremely important. You may have to switch your HIV medications to accommodate the HCV ones, but you should never stop HIV treatment. Talk with your medical provider to see which HCV treatment option is right for you.

**CURING HEPATITIS C**

HCV treatment usually takes 12 weeks, but some people may need 24. If treatment works (meaning no detectable HCV in your blood six months after treatment), you will have what is called a sustained virologic response (SVR) and be cured.

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Co-infection makes it more challenging to cure HCV, but not because the medications don’t work as well: Managing drug interactions can be challenging. You and your HIV provider, in conjunction with your HCV specialist, should work together to find the optimal HCV treatment for you and make any changes necessary to your HIV medications. Never stop HIV treatment for HCV treatment. People with HIV and HCV have similar cure rates as those with HCV alone.

Keeping your HIV under control is another important factor in improving your chances to be cured of HCV. People with higher CD4 counts are more likely to get an SVR. There’s even some evidence that HIV meds slightly decrease your HCV viral load, and the lower your HCV viral load the better your chance is for SVR as well.

DECREASING RISK OF LIVER COMPLICATIONS
Successful HCV treatment can lower, and in some cases eliminate entirely, the risk of getting more serious liver conditions such as liver cancer, liver failure or even the need for a liver transplant.

ELIMINATING THE RISK OF TRANSMISSION
If you’re cured of HCV, you no longer have any virus in your body to transmit the virus to someone else through sharing injection drug using works, sex or from mother to child during pregnancy or labor.

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To help you weigh the benefits and risks of HCV treatment, cover these important things with your doctor:

✓ What is my CD4 count?
✓ What is my HCV viral load?
✓ What is my HCV genotype?
✓ What does my liver biopsy result tell me about the health of my liver?
✓ Why should I start HCV treatment now?
✓ How long would my treatment last?
✓ What are the chances that HCV treatment will work?
✓ How will I know if my HCV treatment is working?
✓ What are the side effects of HCV treatment?
✓ What are the drug interactions between my HIV meds and the ones for HCV?
✓ How do I manage my treatment regimens?
✓ What would happen if I waited for newer meds?
Preparing for and managing side effects

Nearly all medications can cause side effects, including those for HIV and HCV. It’s normal to wonder about them, but it’s impossible to know which ones you’ll experience, if any.

Everyone experiences side effects differently. You may be able to cope with some easier than other people do. On the other hand, something that doesn’t bother a friend of yours might be very troublesome for you.

You still want to prepare and plan for possible side effects just in case. That can help you handle them better and keep you on schedule with taking all your medicines as prescribed.

SHORT-TERM SIDE EFFECTS

In general, people with better overall health usually have fewer and milder short-term side effects. In fact, the healthier a person’s liver is, the fewer the side effects he/she may have.

Short-term side effects (like headaches, nausea and diarrhea) normally appear within the first few weeks of taking new medicines. They often get better or disappear over time as your body gets used to them. This tends to be truer of HIV meds than HCV meds. HCV treatment can cause ongoing side effects for even the healthiest of people throughout treatment. Fortunately, treat-
ments are shorter, and pegylated interferon—the main source of the most challenging side effects—is no longer used, making HCV treatments much easier to take.

Sometimes you can manage side effects by taking other prescriptions. Sometimes over-the-counter products or lifestyle changes can help. Some people find that therapies like acupuncture, herbal products or massage helps them manage symptoms. It is very important to tell your medical provider about any herbs or other over-the-counter treatments you may be taking. Some of these can actually harm your liver or other organs. Talk to your doctor about any that trouble you.

At times, side effects can reappear due to stress or other infections. In fact, the better a person is at managing his or her stress, the better they can cope with side effects as they arise. Certain side effects are particularly important to tell your doctor about. You should go over what the likely side effects may be with your specific treatment and what to do if they develop. When in doubt, let your doctor know about any new concerning symptoms you may have while on treatment.

**LONG-TERM SIDE EFFECTS**

You and your doctor will keep track of long-term side effects by routinely running blood tests and other diagnostics. It can be difficult to figure out the cause(s) of some conditions (like diabetes or liver disease). However, getting physical exams, routine blood and other tests, and talking openly with your provider will help to catch and hopefully prevent or reverse problems.

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MOOD-RELATED SIDE EFFECTS
Finally, make sure you keep track of your mood. HCV meds can lead to anxiety, depression and fatigue (again, much more rare without interferon), especially in people with a history of it. Talk to you doctor or therapist about this and if needed, consider taking anti-depressants to help you get through treatment.

Sometimes, an anti-depressant is prescribed before you start HCV treatment to help prevent depression and to help you cope within the early days of treatment. Use your support network to help you manage and cope with the mental health aspects of treatment ... for both HCV and HIV.

MAIN POINTS TO REMEMBER

• Preparing for side effects can help you deal with them.
• Many side effects are short-term and will pass, but check in with your doctor about any new or troublesome ones.
• Regular blood tests and visits with your doctor will help you prevent long-term side effects.
• If you have a history of depression, or are at risk for it, talk to your doctor or therapist about ways to manage it during treatment, especially HCV treatment.
• Managing stress will help you deal with side effects better.
Drug interactions

Drug interactions are possible when you take two or more products together: prescriptions, over-the-counter drugs, herbal products or recreational drugs (including alcohol). The more you take, the more interactions can occur. This can lead to more side effects or even make one or more drugs not work as well. Some interactions can be serious and could lead to overdose or organ failure.

If you’re only taking HIV meds, then drug interactions are possible with other kinds of medicines, including hormonal birth control and diabetes meds. We know a lot about these interactions, so an experienced medical provider and/or pharmacist can help you prevent these from happening.

If you’re going to be taking HIV and HCV meds at the same time, then these drug interactions can be a lot more challenging. Fortunately, we have more choices of HCV medications and their drug interactions have been studied with HIV medications. However, serious drug interactions can occur and adjustments may be needed. Make sure you have a very knowledgeable doctor if you plan to take HIV and HCV meds together.

TIPS FOR AVOIDING DRUG INTERACTIONS

• Tell your doctor about all of the drugs and other things you take, like herbs and over-the-counter or recreational drugs.
• Make sure all your doctors know all your prescriptions.
• Make sure your provider knows if you are on methadone or buprenorphine for opiate addiction.
• Try to get all your medicines from the same pharmacy to catch drug interactions that might be missed.
• Talk to a pharmacist for a second opinion about all the products you take.
When to start HIV and HCV treatment

Co-infected persons have unique decisions to make with their medical providers when it comes to when to start treatment. There are many reasons for this:

✔ Having both infections may stress you out, which raises the need to be clear about why and when you want to start.

✔ You may not be able to take some HIV meds due to their effects on the liver.

✔ You have to be very mindful of drug interactions between HIV and HCV medications, and other prescriptions you take.

✔ Depending upon the health of your liver, there may be a more urgent need to start HCV treatment.

✔ If your CD4 count is <200, you will probably start HIV meds to raise the CD4 count before starting HCV treatment.

✔ The US Guidelines recommend all co-infected people be on HIV treatment.

WHAT TO START FIRST: HIV OR HCV TREATMENT?

Most people won’t start both at the same time. Some of this has to do with a complicated schedule of taking pills as well as possible side effects and drug interactions that could be overwhelming.

Often, HIV treatment is started first. This way, you can adjust to any side effects and get in the habit of taking those pills. HIV treatment may also slow down liver disease by improving the immune system. And having a stronger immune system helps the HCV meds work better to cure the hep C.

For people with CD4 counts <200, it’s likely you’ll start HIV meds first to raise the CD4 count. A healthier immune system will improve the chances that HCV treatment will work.

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For people with CD4 counts >500, they may choose to start HCV treatment first to minimize drug interactions and side effects. In this case, it’s normal to see CD4 counts temporarily go down during treatment. Speak with your medical provider to see which option is best for you.

ARE YOU READY TO START?

For HIV, you should start treatment when you feel you’re ready for the demands of life-long treatment. This includes being emotionally ready, as well as being able to take pills every day, manage possible side effects, and ensure you have steady health care. It may mean you first need to find stable housing or mental health or substance use services.

You may feel gung-ho about starting immediately, but take the time to know you’re prepared for it. You’re less likely to get the best results if you aren’t sure you can take your pills over time. If you find that taking your HIV medications is too much for you after you get on them or if you have side effects, be sure to let your doctor know so that if you need to stop, it can be done in a way that is safest for you and minimizes the changes of HIV becoming resistant to any medicines. And NEVER change the doses, number of pills or stop part of your HIV regimen without talking to your doctor first. Doing so may set you up for resistance that will limit your options for treatment in the future.

For HCV, you don’t have to worry about lifelong pill-taking, but you still have to take the medications everyday as prescribed. Side effects are not as bad as they used to be, but some people experience them in ways that can interfere with their daily life. Do you know people who can help you with daily chores? Some people find that their mood is affected by HCV treatment. Should you get a therapist or consider antidepressants beforehand? Dealing with these and other issues, and planning ahead for side effects will help you keep up with and complete HCV treatment.

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Another issue to consider is having children. Timing pregnancy around HCV treatment is very important since certain drugs can cause birth defects. Both men and women who take ribavirin should use two forms of birth control during treatment and up to six months after it’s done to avoid getting pregnant.

**Prescription meds**
If you take other prescriptions, make sure you discuss how they may impact your HIV or HCV meds. You may need to switch to other meds to prevent drug interactions or toxic effects.

**Alcohol and smoking**
These two habits can damage the liver on their own. If you smoke or drink alcohol, you may want to consider stopping before starting HCV meds. This will give the liver a better chance to respond well to the meds. Seek support programs that can help you stay free of alcohol and smoking during your HCV treatment.

**Herbs and supplements**
Many people take herbs and supplements to improve their health, but some products can be hard on the liver, especially at high doses. Discuss what you take with your provider before you start HCV meds. You may choose to stop your supplements for a time to improve your chances for a cure.

**MAIN POINTS TO REMEMBER**

• Making sure you’re ready to start treatment and can commit to it can help you do well on it.

• Usually, HIV treatment is started first to improve your immune system, which is also good for your liver.

• Before starting either HIV or HCV medications, prepare for possible side effects to minimize their impact on you.

• Consider all aspects of your life—do you plan to have children; are you dealing with other medical conditions; is substance abuse negatively impacting your life—when making decisions about what to start and when.
Adherence and HIV meds

Once you start medications for either HIV or HCV, it’s important to take every dose as prescribed. This means taking them at around the same time every day, watching for food restrictions, and paying attention to drug interactions. Make sure you review this with your doctor and pharmacist.

Taking medicines as prescribed is called adherence. It’s extremely important if the drugs are to do their jobs well and prevent resistance. If you miss doses or entire days of doses, both HIV and HCV have a chance to reproduce again and build resistance to those medications. This may force you to change to other HIV drugs or cause the HCV medicines to fail.

HIV TREATMENT

HIV meds are taken once or twice a day, some with food and others without. They can have side effects, which usually last for only 4–6 weeks as your body adjusts to them. To keep your HCV under control, HIV and other medicines should have as little effect on the liver as possible. Make sure you get routine liver function tests.

Take HIV medicines at the same time each day. For example, if you normally take your daily dose at 10p before bedtime, then take it every night at 10p. Prepare for any disruptions: Are you going out and will be late getting home? Then take a dose with you. If you realize that you forgot a dose, take it as soon as you remember. If you forget a dose entirely, never double-dose the next time you have to take one.

MAIN POINTS TO REMEMBER

• Missing doses or entire days of doses increases the risk that HIV and/or HCV may become resistant to your meds, causing them not to work.
Adherence and HCV meds

Compared to HIV drugs, HCV meds are taken over a short amount of time (normally 12 weeks or 24 weeks for some). This may motivate you to get through treatment: knowing there’s a light at the end of the tunnel.

Stay on schedule with your doses as best you can. HCV side effects can be challenging, so preparing for them and making sure you’re physically and emotionally ready is important. If you think you are, talk to your doctor and other support people.

Most co-infected people start on HIV meds first, which gives you time to adjust to taking those pills. Sometimes people take meds for both diseases, which can make it more difficult to build into your routine. In this case, a typical dosing schedule includes: HIV meds taken once or twice a day, one HCV med taken once or twice a day while another is twice a day. There may also be food requirements that can be difficult to keep up with.

As challenging as these may sound, you can deal with them with careful planning and support. See page 16 for tips on adhering to both your HIV and HCV regimens.

MAIN POINTS TO REMEMBER

- Take each dose as prescribed at the same time each day and be aware of food restrictions and drug interactions.
- Missing doses or entire days of doses increases the risk of more HIV or HCV. HIV and HCV can become resistant and your meds will no longer work.
- If you forget a dose, take it as soon as you remember. However, never double dose later. It won’t be any better for you and it might just make you sick.
- You take HCV medicines for a limited time, so knowing this might help you to get through it.
Adherence tips

WORK THE MEDICATIONS INTO YOUR DAILY LIFE.
Make the pills a part of your daily routine so you’re less likely to miss a dose. What do you do each morning? Or every night? Place them next to your toothbrush. Place them on top of your TV or next to your alarm clock.

USE A PILL BOX, BEEPER OR ALARM.
A pill box, or medi-set, is an easy way to organize your meds. Get one that has an “am” and “pm” box and place tablets in each. Check the box as you take your pills. If it’s empty, you’ve taken it. If not, take it ASAP. Beepers and alarms can help you take pills.

KEEP A CHECKLIST.
Use a daily checklist and mark off each dose as you take it. This works really well when you’re using a medi-set. Write in the time you took the dose so you’ll know when to take the next one.

ARRANGE FOR PRIVACY.
If you don’t want others to know you’re taking medications, make sure you build that into your day. However, taking pills in private can make adherence more difficult.

TREAT DEPRESSION.
Depression is strongly associated with adherence challenges. Because both HIV and HCV treatment can cause depression, make sure your medical provider has assessed you for this condition and offered treatment and/or referral to a therapist if it is needed.

ASK FOR HELP.
If you’re comfortable with it and have told others about your status: ask a partner, family member, friend, roommate, etc. to remind you to take your pills.

REMEMBER WHY YOU’RE TAKING IT.
Remind yourself why you take these pills: to slow down HIV disease, to cure HCV, and to stay healthy. This can enable you to remember that with each dose of your medication, you’re taking control of the virus rather than letting it take control of your life.
**HCV testing following cure**

After being cured of HCV, you’ll want to screen regularly for it to make sure you haven’t been re-infected (see page 21). The same risks that could lead to an initial HCV infection apply here: Sharing syringes and other injection equipment, sexual transmission, and other blood-to-blood contact.

Once you’ve been infected and cured of HCV, you will always test positive for HCV antibodies (HCV ab+). From this point forward, you will need to get an HCV RNA test (also known as HCV viral load) to look directly for HCV. In the absence of an HCV RNA test, you can also keep an eye on your liver function tests: If you have an unexplained rise in your ALTs or ASTs, then you and your medical provider should order an HCV RNA test to confirm or rule out re-infection.

**Staying HCV Negative**

Once you’ve been cured of HCV, you’ll need to be mindful and stay negative. Unlike hepatitis A or hepatitis B or even the chicken pox, you can get re-infected by HCV if exposed again. HCV re-infection is an especially important issue for HIV-positive people. For reasons that aren’t entirely clear, HIV-positive people are at increased risk of sexual transmission of HCV. So, even if one does not inject drugs, sexually active men who have sex with men (MSM) need to remain aware of the risk of HCV re-infection (we have limited data on sexual transmission of HCV in HIV-positive heterosexual men and women, and even less for transgender persons, so for now it would be safe to assume that there is increased risk in these groups, too).
The following suggestions can help MSM and others stay HCV-negative:

1. **Test for HCV routinely.**
   Testing for HCV alone is not prevention, but knowing your status so you can seek treatment and prevent transmission to others is very important. If you are HCV negative, you can get HCV antibody tests. If you had HCV and cleared it — either spontaneously within the first 6 months or through cure — you should get an HCV viral load test to look directly for the virus. If you have an unexpected rise in your ALT liver function tests, ask your medical provider to screen you for HCV, too. You should test at least once per year, but might consider more frequent testing depending upon your level of risk.

2. **Talk to your partner(s) about hepatitis C.**
   If he is HCV-positive, or does not know his HCV status, you might consider doing things that are less risky such as oral sex, masturbation or wearing a condom for anal sex. Communication and awareness of your sex partner’s status is especially important if you are sero-sorting and only having sex with other HIV-positive men.

3. **Wear a condom for anal sex.**
   Both tops and bottoms are at an increased risk for sexual transmission of HCV. Condoms can provide an effective barrier to prevent blood contact during anal sex. Use water based lube to make sex smoother and minimize the chance for micro tears and bleeding.

4. **Practice safer fisting.**
   As with anal sex, both tops and bottoms are an increased risk for sexual transmission of HCV. Check your hands for any cuts or bleeding cuticles. Wear latex gloves and change into new, unused ones for each new partner. HCV
is a tough virus and can live in water for up to 21 days; so although we may not know how long it can live in lube, it’s good practice not to share lube between partners either.

5 Sequence your sex play. Avoid receptive anal sex after fisting or vigorous sex toy play that may have caused tearing and bleeding in the rectum, or you could be the top for anal sex.

6 Keep your sex toys clean. Cover your dildos and vibrators with condoms and change them for new ones with each partner. Do not use toys with more than one person before fully washing them.

7 Take a break from anal play. If you recently had anal warts removed, or had a case of hemorrhoids, take a break from bottoming to give yourself a chance to heal. The same is true following any type of receptive anal sex, especially if you see any blood or feel any discomfort or pain.

8 If you use drugs during sex, don’t share anything. Whether you use injectable or non-injectable drugs, don’t share anything. HCV can live on surfaces for a very long time in syringes, on surfaces, and in drug using equipment. Anything with HCV-infected blood on it can transmit the virus.

9 Screen for STDS regularly. Routine screenings for STDS that can cause sores—primary syphilis, herpes, anal warts, etc.—are an important part of your sexual health. If you are sexually active, aim for STD testing every 3-6 months. Give yourself self-exams, too, and check for any sores (especially if you have a history of herpes or anal warts). If you see something, check with your medical provider or go to an STD clinic to get it checked out. Do the same if you feel any rectal discomfort or see any rectal bleeding or other discharge.
CHART OF MY COMMON LAB RESULTS FOR HIV AND HCV

My HCV genotype is: ______. My biopsy results are: stage _____, grade _____.

<table>
<thead>
<tr>
<th>DATE</th>
<th>Blood pressure</th>
<th>Weight</th>
<th>HIV viral load</th>
<th>CD4 count</th>
<th>CD4 percent</th>
<th>HCV viral load</th>
<th>ALT</th>
<th>AST</th>
<th>AP</th>
<th>PLT</th>
<th>Albumin</th>
<th>Bilirubin</th>
</tr>
</thead>
</table>
DAILY SCHEDULE FOR MY HIV AND HCV MEDICATIONS
Ask your medical provider to help you fill this out. A sample schedule is found on the next page.

I will take this regimen from this date ______________________ until this date ______________________.

<table>
<thead>
<tr>
<th>TIME OF DAY</th>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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</thead>
<tbody>
<tr>
<td>my HIV pills</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>my HCV pills</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interferon</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Daily Schedule for My HIV and HCV Medications

**Ask your medical provider to help you fill this out. A sample schedule is found on the next page.**

I will take this regimen from this date ______________________ until this date ______________________.

#### TIME OF DAY
- **Morning**
- **7:00 am**
- **Evening**
- **7:00 pm**

#### My HIV Pills

<table>
<thead>
<tr>
<th>Day</th>
<th>Morning</th>
<th>Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>1 Truvada + 1 Isentress</td>
<td>1 Isentress</td>
</tr>
<tr>
<td>Monday</td>
<td>1 Truvada + 1 Isentress</td>
<td>1 Isentress</td>
</tr>
<tr>
<td>Tuesday</td>
<td>1 Truvada + 1 Isentress</td>
<td>1 Isentress</td>
</tr>
<tr>
<td>Wednesday</td>
<td>1 Truvada + 1 Isentress</td>
<td>1 Isentress</td>
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<td>Thursday</td>
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<td>Friday</td>
<td>1 Truvada + 1 Isentress</td>
<td>1 Isentress</td>
</tr>
<tr>
<td>Saturday</td>
<td>1 Truvada + 1 Isentress</td>
<td>1 Isentress</td>
</tr>
</tbody>
</table>

#### My HCV Pills

- Interferon

#### Notes
- Morning with food
- Evening with food
- Once a week (if needed)