

memo from

DR. WILLIAM SEIDELMAN

27 Carlton

-
Circled Drugs

- No OOB
Coverage

Ontario Drug Benefit (ODB) Coverage of HIV-related Drugs

1. Anti-retrovirals (AZT, ddI, ddC) are provided free of charge to residents of Ontario who have been registered with the HIV Drug Distribution Centre at the Sunnybrook Health Science Centre. (416) 480-6174.
2. Patients eligible to have other medications paid for by the Ontario Drug Benefit Program must have a current and active drug card.
3. For HIV-positive individuals who are eligible under the ODB program, medications (non-investigational) fall into one of four categories:

a) drugs which are listed in the ODB Formulary and are covered for any eligible patient. The specific indication for the drug in this instance does not need to be specified, and any physician may prescribe them.

b) drugs listed for facilitated access for HIV-positive ODB patients. These drugs are provided free of charge for HIV-positive patients with ODB only. No additional documentation is required beyond the prescription. The drug, however, must be prescribed by a participating physician as defined by the Ministry of Health. Physicians wishing to be listed as such should communicate their intentions to the MOH (sec). Physicians who are listed are requested to write their prescriber number on the prescription for purpose of verification.

The MOH will not reimburse for prescriptions written by ineligible physicians. Drugs included for facilitated access include: fluconazole (*Diflucan*), ganciclovir (*Cytovene*), acyclovir (*Zovirax*), pneumococcal vaccine (*Pneumovax*), pyrimethamine (*Daraprim*), doxycycline (*various*), and nutritional products on the currently approved list.

c) drugs currently listed as non-formulary benefits (see attached list). These prescriptions must be accompanied by a completed NFB form. Medications are only eligible to be paid for by ODB when prescribed for one of the approved indications. NFB forms may be completed by any physician who has an OHIP billing number, which is included on the form (see attached for example).

d) drugs with no formal ODB coverage whatsoever. In order to attempt to have one of these medications covered by ODB, the physician must contact the MOH. (327-8109). At this time the MOH may request information pertinent to the individual patient. The MOH may or may not then approve the payment of the medication for a set time period at a specific pharmacy. This is often referred to as a "section 8."

Following is a list of drugs used by the HIV-positive patient coupled with the category and criteria of ODB coverage under which each falls.

Drug	*Category	Criteria/ Comments
ANTIFUNGALS		
Amphotericin B	(a)	This is covered under the regular ODB formulary. However, it is only paid for in the vial, unmixed.
Fluconazole	(b)	Facilitated access
Itraconazole	(d)	No coverage for capsules. Liquid is emergency release only. cost \$4.14/100mg cap + disp. fee
Ketoconazole tablets	(c)	-1-

Drug	*Category	Criteria/ Comments
------	-----------	--------------------

Ketoconazole cont'd
 oral liquid (a)
 topical cream (a)
 shampoo (d) ← no coverage

Clotrimazole/
 Miconazole
 topical cream (a)
 vaginal preps (a)

Nystatin
 oral liquid (a)
 oral tabs (a)
 topical cr./ung (a)
 vag. preps (a)

~~Terconazole
 vag. preps (a)~~
~~Fluocytosine
 oral cap (a)~~ ← ignore

ANTIHISTAMINES (d) no antihistamines are covered under ODB

ANTIMYCOBACTERIAL DRUGS

*Note: the antimycobacterial agents isoniazid, rifampin, ethambutol, and pyrazinamide (as well as vitamin b6 to accompany isoniazid) are provided free of charge when prescribed by a Wellesley Hospital physician and dispensed through The Wellesley Drug Store, regardless of the ODB status of the patient.

Isoniazid (a)
 Rifampin (a)
 Ethambutol (a)
 Pyrazinamide (a)
 Streptomycin (d)
 Ethionamide (d)
 Cycloserine (d)

Legend:
 (a) covered by ODB
 (b) facilitated access
 (c) NFB
 (d) not covered

Drug	*Category	Criteria/Comments
Amikacin	(d)	
Clofazimine	(d)	emergency release only
Rifabutin	(c)	for prevention of MAI in i) patients with a CD4 + cell count less than 200/mm ³ with an AIDS-defining illness; or ii) patients with a CD4+ cell count less than 100/mm ³ without an AIDS-defining diagnosis.

Ciprofloxacin	(a)	
Ofloxacin	(d)	
Clarithromycin	(d)	cost: approx. \$1.72/250mg tab + disp. fee
Azithromycin	(d)	cost: approx. \$5.43/250mg cap + disp. fee

ANTIPARASITIC DRUGS

Atovaquone	(d)	cost :approx. \$2.84 /250mg tab + disp. fee
Clindamycin		
oral cap	(a)	
oral liquid	(a)	
Inj 2ml	(a)	
topical lotion	(d)	
Dapsone	(a)	
Iodoquinal	(a)	

Metronidazole		
oral tab/cap	(a)	
vag. cr./tab	(a)	

Paromomycin	(d)	cost: approx. \$2.31 / 250mg cap +disp. fee
Pentamidine	(d)	As PCP prophylaxis by aerosol provided free of charge by the HIV Project Centre
Primaquine	(d)	\$0.36/15mg tab + disp. fee

Legend:
 (a) covered by ODB
 (b) facilitated access
 (c) NFB
 (d) not covered

Drug	*Category	Criteria/ Comments
Pyrimethamine	(b)	
facilitated access		
Sulfadiazine	(d)	cost: approx. \$0.11/500mg tab + disp. fee
Trimethoprim	(a)	
Trimethoprim/ Sulfadiazine		
oral susp.	(a)	
oral tab.	(a)	
SMX/TMP		
oral susp.	(a)	
oral tab.	(a)	
I.V. sol.	(d)	
Trimetrexate	(d)	is on market on market soon

ANTIVIRAL DRUGS

Acyclovir	(b)	All dosage forms of acyclovir are covered under facilitated access
Foscarnet	(d)	emergency release
Ganciclovir	(b)	falls under 2 categories a) NFB for the treatment of CMV retinitis secondary to AIDS or b) for facilitated access for other CMV infections in AIDS patients

ANTIDIARRHEAL

Loperamide		
tablet	(c)	NFB for HIV/AIDS patients
oral liquid	(d)	cost \$ approx. \$40.00/230ml
Diphenoxylate HCl/ Atropine sulfate	(c)	NFB for HIV/AIDS patients
2.5mg/.025mg tab		

NUTRITION/CACHEXIA

Nutritional supplements	(b)	All nutritional supplements listed by ODB are available
-------------------------	-----	---

Legend
 (a) covered by ODB
 (b) facilitated access
 (c) NFB
 (d) Not covered