

Glen

→ GM-CSF has recently been approved and costs over \$1000 a month for people using it daily. Presumably it will be accessible under s. 8, but it should be on the Formulary (GM-CSF rebuilds granulocytes which are destroyed by ganciclovir etc.)

G-CSF can also be used. It is approved but very expensive too.

→ Itraconazole is currently available under s. 8 - it should be on the Formulary.

→ Humatin has just been approved. It is the only drug of any effectiveness for cryptosporidiosis, which there is quite a lot of. It should be on the Formulary (not just s. 8)

→ Drugs used for prophylaxis should be covered. Clarithromycin is only covered for treatment of NAT with submission of positive culture report etc. but it is commonly used as a prophylaxis. Similarly azithromycin (250 mg approved since Oct, 300 mg still experimental) is available for treatment but not prophylaxis.

→ Experimental drugs should be covered, especially for people who have failed all known therapies. Eg. ganciclovir implant at \$5000 after failing IV ganciclovir & foscarnet

I'm told that bureaucracy has improved considerably & section 8 processing now takes 1 to 2 weeks. Heavily-used section 8 drugs should still be moved into the Formulary or Non-Formulary list.

Hope these comments are helpful to you.

Brian

ODB Meetings

eg Biacin - turned down for MAC regime - our specialist doesn't

Biacin

Intravenous - only available for Gluc resistant 'B cost of Aloc

1) Problems of Section 8

- even if 48 hours too long 1.1.
- 48 hours is rare turnaround
- sometimes denied
- paperwork - 6 month limit (or less)

- John will ~~be~~ for Section 8
- should have very rare exception

- does don't have extra time

- process of ^{one} infectious disease specialist doesn't work only

2) Special list about 7 products

Gift families

- 3) Access to list - no 6 month wait
- OTHIP cross check?

not listed on

Fluconazole (oral) - widely used for thrush

cryptococcus

+ suppressant for *Cryptococcus neoformans*

\$1000⁰⁰ / month

Clarithromycin - \$230 - 450⁰⁰ / month

(Biccin)

- MAC

- Mycobacterium Avium Complex

Prophylaxis + treatment

Granul ^{anti-thrombotic} for nausea - no longer covered

Stemil ^{anti-infective} covered more expensive

Adora x

to avoid to Septera rash

Non formoterol benefits

Cytosine

Concyclovir

Immodium

Lomotil

* Ribavirin - MAC

Interferon - H5 Alpha 2A

* Zovirax acyclovir

- Tyloal 3

✓ - Clari

- ~~Prokader~~ ^{Prokader} ~~solin~~

anabolism - hearting

cheaper than growth hormone

✓ - Clind ^{Prinquin} ~~amycin~~ \$800 PCP

↳ people who react to dephene or septin

~~MAC to avoid septin react~~

• antioxidant vitamins

B6 + B12

↳ down-tau

10
Facilitated Access "

Fluconazole

acyclovir

ganici

Novovax

pyromethonin

doxycycline

Section 8

- clorithromycin mac

- azithromycin

- amepren pep

- sulfadiazine toxo

- primaquine pep

- lamocil anti nausea

- itraconazole anti fungal

- deca deubolin - costous

penatin crypto

immodium

~~ganciclovir~~

finorinol - migraines