

for MAC, Mepron for PCP, Itraconazole for histoplasmosis or candidiasis, or somastatin for diarrhea, among others.

### **How the ODB doesn't work**

Unfortunately the government did not take the opportunity provided by creating the Trillium Drug Programme to solve a number of the problems people with AIDS encounter with the ODB, namely:

- 1) There is no coverage of **experimental therapies**. For example, a person with CMV retinitis who has failed IV ganciclovir and foscarnet is faced with the option of obtaining a ganciclovir implant at a cost of \$5000 or going blind. While most experimental therapies are provided free of charge by the manufacturer, a few must be paid for, such as GM-CSF, growth hormone and the ganciclovir implant. Even where a patient has exhausted all therapeutic options, the government has refused to cover their costs.
- (2) There is no coverage for **complementary therapies**. For example Chinese herbs, L-Carnitine, NAC, and vitamins are not covered.

The government has refused to even make a commitment to examine coverage of complementary therapies.

- (3) The **facilitated access list** for people living with HIV needs to be immediately expanded. Too many drugs can only be obtained through section 8 applications which some physicians will not make because of all of the paperwork involved.

- (4) A mechanism is needed for continual amendments to the facilitated access list to keep up with therapeutic developments. A **specialized AIDS committee** should be established, including consumer input, with a power to recommend additions to the list. If

recommendations are not accepted, written reasons for not covering the drug should be provided.

### **Meanwhile...**

If you still need financial assistance to pay for your drugs ask about assistance programs at your local AIDS service organization.

### **What you can do...**

AIDS ACTION NOW! has been calling for the deficiencies of the current ODB to be rectified and for a truly comprehensive programme to be introduced. If you are not happy with the way the system currently works (no coverage of experimental or complementary therapies, too many section 8 applications etc.), or if you feel that the amount of the deductible is unfair, phone your MPP to explain why we need improvements to this plan and demand to know what she or he is going to do about it. The upcoming election is a good time to seek commitments from the candidates in your riding to improve drug funding in Ontario.

# **SILENCE=DEATH**



# PAYING FOR YOUR DRUGS APRIL 1995

## Are you getting what you're entitled to?

The basic antivirals, AZT, ddC, ddI, and pentamidine are made available by the government free of charge to all people with HIV through a special programme. You or your insurance company must pay for all other medications unless you qualify for an **Ontario Drug Benefits (ODB)** card.

There are now three ways to qualify for an ODB card. It is provided to you automatically if you are on **welfare** or receiving **homecare**.

Effective April 1, 1995, you can apply under the **Trillium Drug Program** if your total drug costs in a year are excessive. For a person with an income up to \$20,000 you must pay a deductible of \$500; for a person with an income over \$20,000 the deductible is based on 4.5% of your net income. The exact amount of the deductible varies according to your income and

whether you are single, or in a family of two, three, or four or more. You are eligible once you have paid this amount in drug costs, and you will receive an ODB card for the balance of the year. You must save all receipts for prescription drugs and show your income tax return for the previous year to establish your net income.

### How ODB Works

Even if you do qualify for ODB, the system can be complicated. There are four ways you can get your drug costs covered under the ODB.

### Formulary List

This is a list of drugs which are paid for if you have an ODB card. You must show your card to the pharmacist

when ordering your medication. The list includes common drugs like Septra/bactrim, dapsone, ethambutol, ciprofloxacin, amphotericin B etc.

### Non-formulary list

This is a list of drugs which are only covered under certain circumstances. It requires some paperwork on the part of your physician. You must present your pharmacist with a "Non-formulary Benefits Form" signed by your doctor. The list includes lomotil, immodium, trental, and liquid nutritional supplements.

### Facilitated Access List

This is a special list of AIDS/HIV drugs which registered doctors may prescribe. Many pharmacists are unaware of this list so you may have to insist. Some common drugs on this list include rifabutin, fluconazole, ganciclovir, and acyclovir.

### Section 8 requests

This is a procedure where a doctor applies for coverage for a particular drug not on any of these lists, for an individual patient. This can be a long cumbersome paper-heavy process. Presently you need to make a Section 8 request to get clarithromycin

