



# AIDS ACTION NOW!

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The Trillium programme will significantly improve access to the therapies needed by people with HIV and AIDS. There are however several problems which we feel must be resolved by the implementation date, April 1.

- (1) The programme incorporates drugs currently provided through the ODB. The facilitated access list for people living with HIV needs to be immediately expanded. We have drafted a document entitled "Proposed Reform of Ontario Drug Benefit Formulary," outlining those drugs which should be added to this list. This document was provided to the Minister, her staff and ODB bureaucrats. A response is expected in mid-March.
- (2) 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.
- (3) While most experimental therapies are provided free of charge by the manufacturer, a few must be paid for. Where a patient has exhausted all therapeutic options the cost of experimental therapies of last resort should be covered. For example, a person who has failed IV ganciclovir and foscarnet, s/he is faced with the option of obtaining a ganciclovir implant at a cost of \$5000 or losing sight. In these circumstances the government should cover the cost of this therapy.
- (4) Complementary therapies are widely used in the community. The government should make a commitment to examine coverage of complementary therapies.