

REIMBURSEMENT STATUS OF HIV MEDICATIONS IN ONTARIO

Antiretrovirals:

	Ont. Drug Distr. Monitoring Program	Ontario Drug Benefit/Trillium:		Special Access Program (SAP)
		<i>Facilitated Access (F/A)</i>	<i>Exceptional Access Program</i>	
Single-tablet regimens		<ul style="list-style-type: none"> • emtricitabine/tenofovir/efavirenz (Atripla®) • emtricitabine/tenofovir/rilpivirine (Complera®) • elvitegravir/cobicistat/emtricitabine/tenofovir (Stribild®) • abacavir/3TC/dolutegravir (Triumeq®) 		
NRTIs	AZT 100 mg capsules	<ul style="list-style-type: none"> • Abacavir, 3TC, d4T, ddl EC, tenofovir • AZT/3TC (Combivir®), AZT, 3TC, abacavir (Trizivir®), abacavir/3TC (Kivexa®), tenofovir/FTC (Truvada®) 		<ul style="list-style-type: none"> • Didanosine pediatric powder • d4T oral liquid
NNRTIs		<ul style="list-style-type: none"> • delavirdine, efavirenz, etravirine, nevirapine, nevirapine XR, rilpivirine 		
PIs		<ul style="list-style-type: none"> • Darunavir, fosamprenavir, indinavir, lopinavir/ritonavir, nelfinavir, ritonavir, saquinavir 	<ul style="list-style-type: none"> • tipranavir (Aptivus®) 	
Integrase Inhibitors		<ul style="list-style-type: none"> • raltegravir (Isentress®) • dolutegravir (Tivicay®) 	<ul style="list-style-type: none"> • 	
Entry Inhibitors			<ul style="list-style-type: none"> • enfuvirtide (Fuzeon®), maraviroc (Celsentri®) 	

	Ontario Drug Benefit/Trillium:				Other
	Formulary	Facilitated Access (F/A)	Limited Use	Exceptional Access Program	
Antivirals		Acyclovir, Ganciclovir IV	Acyclovir 800 mg tablets, famciclovir 500 mg tablets, ganciclovir IV, valacyclovir, valganciclovir	entecavir	Foscarnet, Cidofovir (SAP)
Antifungals	Clotrimazole vag tabs, Nystatin, Ketoconazole, IV Ampho B	Fluconazole, Itraconazole capsules and solution	Fluconazole, voriconazole	Liposomal amphotericin (Ambisome)	Ampho B lozenges, Ampho B oral solution, Clotrimazole troches, Flucytosine (SAP)
Hepatitis C directly acting antivirals				boceprevir	
PCP/Toxo Agents	TMP/SMX, TMP, Clindamycin, Folinic Acid	Atovaquone liquid		Dapsone, Pentamidine, Primaquine	Pyrimethamine, Sulfadiazine, Trimetrexate (SAP)
Mycobacterials	Isoniazid, Rifampin, Pyrazinamide, Ethambutol, B ₆ , Clarithromycin tabs and liquid, Azithromycin 250 mg tabs or liquid	Azithromycin 600 mg tablets	Rifabutin, Ciprofloxacin	Amikacin, gentamycin	Clofazimine, streptomycin (SAP); INH, RIF, ETM, PZA, B ₆ (CDCNU); 2nd line TB drugs (Toronto Public Health)
Misc.	Megace, nabilone, most NSAIDs, codeine, morphine, hydromorphone, oxycodone + AAS or acetaminophen	Doxycycline, paramomycin, nutritional products, pneumococcal vaccine, potassium supplements	Fentanyl patch, gabapentin, ondansetron, pancreatic enzyme (Cotazyme ECS 20), interferon α -2a, interferon α -2b, diphenoxylate / atropine, loperamide, dronabinol, oxycodone, testosterone patch (Androderm), testosterone gel (AndroGel)	Ketorolac, G-CSF (Neupogen), octreotide, somatropin (Serostim), imiquimod (Aldara)	Albendazole, aldesleukin, GM-CSF, Thalidomide (SAP); oxandrolone (SAP - but need to pay in advance: call (613) 957-1063); Altiretinoin (Panretin®) - SAP

OBTAINING ANTIRETROVIRALS IN ONTARIO

Drug	Status	Patient Criteria	MD Criteria	Paperwork/Pharmacy	Cost/Month
<i>Single-tablet Regimen products:</i>					
Abacavir 600 mg/lamivudine 300 mg/dolutegravir 50 mg	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$1241.50
Elvitegravir 150 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir 300 mg tablets (Stribild®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$1365.60
Emtricitabine 200 mg/tenofovir 300 mg/ efavirenz 600 mg tablets (Atripla®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$1242.00
Emtricitabine 200 mg/tenofovir 300 mg/ rilpivirine 25 mg tablets (Complera®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan • For the treatment of HIV-1 infection in antiretroviral treatment naïve adult patients, or to replace the three components given as dual or triple therapy for patients stabilized on appropriate doses. 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$1212.90
<i>Nucleoside Reverse Transcriptase Inhibitors (combination products):</i>					
Emtricitabine 200 mg/tenofovir 300 mg tablets (Truvada®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$798.90
abacavir 600 mg/3TC 300 mg tablets (Kivexa®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$698.10

Drug	Status	Patient Criteria	MD Criteria	Paperwork/Pharmacy	Cost/Month
AZT 300 mg/3TC 150 mg tablets (Combivir®, generic)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$156.62 (generic) \$626.47 (Combivir®)
AZT 300 mg/3TC 150 mg/abacavir 300 mg tablets (Trizivir®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$1060.42
<i>Nucleoside Reverse Transcriptase Inhibitors (single source products):</i>					
abacavir (Ziagen®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$412.16
AZT, zidovudine 100 mg capsules (Retrovir®)	Ont. Drug Distribution/Monitoring Program	<ul style="list-style-type: none"> • Ontario Health Card • CD₄<500 		<ul style="list-style-type: none"> • Antiretroviral Registration Form to Ont. Drug Distribution/Monitoring Program • follow-up info q3months • Pick up Rx at designated hospital pharmacy 	\$362.28
ddl pediatric oral solution (Videx®)	Ont. Drug Distribution/Monitoring Program, ODB Exceptional Access Program	<ul style="list-style-type: none"> • Ontario Health Card • CD₄<200 		<ul style="list-style-type: none"> • Antiretroviral Registration Form to Ont. Drug Distribution/Monitoring Program; follow-up info q3months • Pick up Rx at designated hospital pharmacy • Individual Clinical Review (ICR) application (incl. cost of Maalox & extemporaneous compounding) made to Director of Drug Programs Branch, fax (416) 327-7526 	ddl + cost of Maalox + \$11.99 disp. Fee
ddl enteric coated tablets	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$346.36
Lamivudine (3TC®, generic)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$217.61 (generic) \$290.15 (3TC®)
d4T, stavudine (Zerit®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$296.18
tenofovir (Viread®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$534.90

Integrase Inhibitor:

Drug	Status	Patient Criteria	MD Criteria	Paperwork/Pharmacy	Cost/Month
dolutegravir (Tivicay®)	ODB Exceptional Access Program	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$560.00
raltegravir (Isentress®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$810.00
<i>Non-Nucleoside Reverse Transcriptase Inhibitors:</i>					
Delavirdine (Rescriptor®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$258.41
efavirenz (Sustiva®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$443.08
etravirine (Intelence®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$673.62
nevirapine (Viramune®, Viramune XR®, generic)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$74.08 (generic, Viramune XR®) \$296.30 (Viramune®)
rilpivirine (Edurant®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$426.33
<i>Protease Inhibitors:</i>					
atazanavir (Reyataz®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$665.33 (unboosted); \$707.03 (boosted)
darunavir (Prezista®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$695.49 (QD dosing); \$1014.37 (BID dosing)
fosamprenavir (Telzir®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$970.36 (unboosted); \$573.20 (boosted)
indinavir (Crixivan®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$411.22-499.25 (boosted)

Drug	Status	Patient Criteria	MD Criteria	Paperwork/Pharmacy	Cost/Month
lopinavir/ ritonavir (Kaletra®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$653.88
nelfinavir (Viracept®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$546.00
ritonavir tablets (Norvir®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$44.01 (100 mg QD); \$88.02 (100 mg BID)
ritonavir liquid (Norvir®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$44.01 (100 mg QD); \$88.02 (100 mg BID)
Saquinavir 500 mg tablet (Invirase®)	ODB Facilitated Access	<ul style="list-style-type: none"> • ODB/Trillium plan 	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> • Physician's CPSO number on prescription. 	\$602.11 (boosted)
Tipranavir (Aptivus®)	ODB Exceptional Access Program	<ul style="list-style-type: none"> • ODB/Trillium plan 		<ul style="list-style-type: none"> • Individual Clinical Review (ICR) application made to Director of Drug Programs Branch, fax (416) 327-7526 	\$1245.25 (boosted)
<i>Fusion Inhibitors</i>					
Enfuvirtide (Fuzeon®)	ODB Exceptional Access Program	<ul style="list-style-type: none"> • ODB/Trillium plan • ≥6 months therapy with each ARV class and documented resistance mutations to ≥2 drugs in each class • virologic failure (RNA>50 copies/mL after 6 months and <1 log drop after 12 weeks on most recent regimen) • use in combination with ≥1 other sensitive ARV 		<ul style="list-style-type: none"> • Individual Clinical Review (ICR) application made to Director of Drug Programs Branch, fax (416) 327-7526 	\$2575.80
<i>CCR5 Inhibitor:</i>					
maraviroc (Celsentri®)	ODB Exceptional Access Program	<ul style="list-style-type: none"> • ODB/Trillium plan 		<ul style="list-style-type: none"> • Individual Clinical Review (ICR) application made to Director of Drug Programs Branch, fax (416) 327-7526 	\$1069.20

