

## REIMBURSEMENT STATUS OF HIV MEDICATIONS IN ONTARIO

	Ont. Drug Distr. Monitoring Program	Ontario Drug Benefit/Trillium:				Other
		<i>Formulary</i>	<i>Facilitated Access (F/A)</i>	<i>Limited Use</i>	<i>Exceptional Access Program (Section 16)</i>	
Antiretrovirals	AZT 100 mg capsules		<p>NRTIs (single):</p> <ul style="list-style-type: none"> <li>Abacavir, 3TC, d4T, ddl EC, tenofovir</li> </ul> <p>NRTIs (combination):</p> <ul style="list-style-type: none"> <li>AZT/3TC (Combivir®), AZT, 3TC, abacavir (Trizivir®), abacavir/3TC (Kivexa®), tenofovir/FTC (Truvada®), emtricitabine/tenofovir/ efavirenz (Atripla®)</li> </ul> <p>NNRTIs:</p> <ul style="list-style-type: none"> <li>delavirdine, efavirenz, etravirine, nevirapine</li> </ul> <p>PIs:</p> <ul style="list-style-type: none"> <li>Darunavir, fosamprenavir, indinavir, lopinavir/ritonavir</li> <li>nelfinavir, ritonavir, saquinavir</li> </ul>		<p>Integrase Inhibitors:</p> <ul style="list-style-type: none"> <li>raltegravir</li> </ul> <p>PIs:</p> <ul style="list-style-type: none"> <li>tipranavir (Aptivus®)</li> </ul> <p>Entry inhibitors:</p> <ul style="list-style-type: none"> <li>enfuvirtide, maraviroc</li> </ul>	Didanosine pediatric powder (SAP), d4T oral liquid (SAP)
Antivirals			Acyclovir	Ganciclovir IV, Famciclovir, Valacyclovir,	Foscarnet, Cidofovir (SAP)	

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		Formulary	Facilitated Access (F/A)	Limited Use	Exceptional Access Program (Section 16)	
				Acyclovir 800 mg tablets and IV, Valganciclovir		
Antifungals		Clotrimazole vag tabs, Nystatin, Ketoconazole, IV Ampho B	Itraconazole capsules and solution	Fluconazole	Liposomal amphotericin (Ambisome), voriconazole	Ampho B lozenges, Ampho B oral solution, Clotrimazole troches, Flucytosine (SAP)
PCP/Toxo Agents		TMP/SMX, TMP, Clindamycin, Folinic Acid, Dapsone	Atovaquone liquid, Pyrimethamine		Primaquine	Aerosolized Pentamidine, Sulfadiazine, Trimetrexate (SAP)
Mycobacterials		Isoniazid, Rifampin, Pyrazinamide, Ethambutol, B <sub>6</sub> , Clarithromycin tabs and liquid, Azithromycin 250 mg tabs or liquid	Azithromycin 600 mg tablets	Rifabutin, Ciprofloxacin	Amikacin	Clofazimine, streptomycin (SAP); INH, RIF, ETM, PZA, B <sub>6</sub> (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 $\alpha$ -2a, interferon $\alpha$ -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>Combination products:</i>					
AZT 300 mg/3TC 150 mg tablets (Combivir®)	ODB Facilitated Access	<ul style="list-style-type: none"> <li>• ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>• Physician's CPSO number on prescription.</li> </ul>	\$626.47
AZT 300 mg/3TC 150 mg/abacavir 300 mg tablets (Trizivir®)	ODB Facilitated Access	<ul style="list-style-type: none"> <li>• ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>• Physician's CPSO number on prescription.</li> </ul>	\$1038.61
abacavir 600 mg/ 3TC 300 mg tablets (Kivexa®)	ODB Facilitated Access	<ul style="list-style-type: none"> <li>• ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>• Physician's CPSO number on prescription.</li> </ul>	\$683.84
Emtricitabine 200 mg/tenofovir 300 mg tablets (Truvada®)	ODB Facilitated Access	<ul style="list-style-type: none"> <li>• ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>• Physician's CPSO number on prescription.</li> </ul>	\$751.50
Emtricitabine 200 mg/tenofovir 300 mg/ efavirenz 600 mg tablets (Atripla®)	ODB Facilitated Access	<ul style="list-style-type: none"> <li>• ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>• Physician's CPSO number on prescription.</li> </ul>	\$1173.25
<i>Nucleoside Reverse Transcriptase Inhibitors:</i>					
abacavir (Ziagen®)	ODB Facilitated Access	<ul style="list-style-type: none"> <li>• ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>• Physician's CPSO number on prescription.</li> </ul>	\$412.16
AZT, zidovudine 100 mg capsules (Retrovir®)	Ont. Drug Distribution/Monitoring Program	<ul style="list-style-type: none"> <li>• Ontario Health Card</li> <li>• CD<sub>4</sub>&lt;500</li> </ul>		<ul style="list-style-type: none"> <li>• Antiretroviral Registration Form to Ont. Drug Distribution/Monitoring Program</li> <li>• follow-up info q3months</li> <li>• Pick up Rx at designated hospital pharmacy</li> </ul>	\$314.26

<b>Drug</b>	<b>Status</b>	<b>Patient Criteria</b>	<b>MD Criteria</b>	<b>Paperwork/Pharmacy</b>	<b>Cost/Month</b>
ddl pediatric oral solution (Videx®)	Ont. Drug Distribution/Monitoring Program, ODB Exceptional Access Program	<ul style="list-style-type: none"> <li>Ontario Health Card</li> <li>CD<sub>4</sub>&lt;200</li> </ul>		<ul style="list-style-type: none"> <li>Antiretroviral Registration Form to Ont. Drug Distribution/Monitoring Program; follow-up info q3months</li> <li>Pick up Rx at designated hospital pharmacy</li> <li>Individual Clinical Review (ICR) application (incl. cost of Maalox &amp; extemporaneous compounding) made to Director of Drug Programs Branch, fax (416) 327-7526</li> </ul>	ddl + cost of Maalox + 10.49 disp. Fee
ddl enteric coated tablets	ODB Facilitated Access	<ul style="list-style-type: none"> <li>ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>Physician's CPSO number on prescription.</li> </ul>	\$324.90
3TC®, lamivudine	ODB Facilitated Access	<ul style="list-style-type: none"> <li>ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>Physician's CPSO number on prescription.</li> </ul>	\$290.15
d4T, stavudine (Zerit®)	ODB Facilitated Access	<ul style="list-style-type: none"> <li>ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>Physician's CPSO number on prescription.</li> </ul>	\$277.83
tenofovir (Viread®)	ODB Facilitated Access	<ul style="list-style-type: none"> <li>ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>Physician's CPSO number on prescription.</li> </ul>	\$502.13
<i>Integrase Inhibitor:</i>					
raltegravir (Isentress®)	ODB Exceptional Access Program	<ul style="list-style-type: none"> <li>ODB/Trillium plan</li> </ul>		<ul style="list-style-type: none"> <li>Individual Clinical Review (ICR) application made to Director of Drug Programs Branch, fax (416) 327-7526</li> </ul>	\$810.00
<i>Non-Nucleoside Reverse Transcriptase Inhibitors:</i>					
Delavirdine (Rescriptor®)	ODB Facilitated Access	<ul style="list-style-type: none"> <li>ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>Physician's CPSO number on prescription.</li> </ul>	\$258.41
efavirenz (Sustiva®)	ODB Facilitated Access	<ul style="list-style-type: none"> <li>ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>Physician's CPSO number on prescription.</li> </ul>	\$421.75
etravirine (Intelence®)	ODB Facilitated Access	<ul style="list-style-type: none"> <li>ODB/Trillium plan</li> </ul>	MD on ODB Facilitated Access List	<ul style="list-style-type: none"> <li>Physician's CPSO number on prescription.</li> </ul>	\$654.00

<b>Drug</b>	<b>Status</b>	<b>Patient Criteria</b>	<b>MD Criteria</b>	<b>Paperwork/Pharmacy</b>	<b>Cost/Month</b>
nevirapine (Viramune®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$296.30
<i>Protease Inhibitors:</i>					
atazanavir (Reyataz®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$624.06; \$665.33 (boosted)
darunavir (Prezista®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$644.40- 947.09 (boosted)
fosamprenavir (Telzir®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$950.40; \$562.01 (boosted)
indinavir (Crixivan®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$484.80; \$410.00 (boosted)
lopinavir/ ritonavir (Kaletra®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$648.05
nelfinavir (Viracept®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$546.00
ritonavir liquid or capsules (Norvir®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$43.40- 173.62 (booster doses)
Saquinavir 500 mg tablet (Invirase®)	ODB Facilitated Access	• ODB/Trillium plan	MD on ODB Facilitated Access List	• Physician's CPSO number on prescription.	\$590.81 (boosted)
Tipranavir (Aptivus®)	ODB Exceptional Access Program	• ODB/Trillium plan		• Individual Clinical Review (ICR) application made to Director of Drug Programs Branch, fax (416) 327-7526	\$1262.62 (boosted)

Drug	Status	Patient Criteria	MD Criteria	Paperwork/Pharmacy	Cost/Month
<i>Fusion Inhibitors</i>					
Enfuvirtide (Fuzeon®)	ODB Exceptional Access Program	<ul style="list-style-type: none"> <li>• ODB/Trillium plan</li> <li>• ≥6 months therapy with each ARV class and documented resistance mutations to ≥2 drugs in each class</li> <li>• virologic failure (RNA&gt;50 copies/mL after 6 months and &lt;1 log drop after 12 weeks on most recent regimen)</li> <li>• use in combination with ≥1 other sensitive ARV</li> </ul>		<ul style="list-style-type: none"> <li>• Individual Clinical Review (ICR) application made to Director of Drug Programs Branch, fax (416) 327-7526</li> </ul>	\$2385.60
<i>CCR5 Inhibitor:</i>					
maraviroc (Selzentry®)	ODB Exceptional Access Program	<ul style="list-style-type: none"> <li>• ODB/Trillium plan</li> </ul>		<ul style="list-style-type: none"> <li>• Individual Clinical Review (ICR) application made to Director of Drug Programs Branch, fax (416) 327-7526</li> </ul>	\$990.00