

**Canadian Treatment Action Council (CTAC)  
Conseil canadien de surveillance et d'accès aux traitements  
(CCSAT)**



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**MEDIA RELEASE**

**Problems with Drug Access Continue to Leave Many HIV+ Canadians  
without the Drugs They Need**

**For Immediate Release**  
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Toronto, ON ---Advocates at the Canadian Treatment Action Council say that many Canadians continue to experience difficulty in accessing treatment for HIV due to inequities and delays in the federal and provincial/territorial systems that approve and list HIV drugs for reimbursement through a maze of public drug benefit programs.

“The ability of people living with HIV in Canada to access the best in treatment and care depends on where you live” says Louise Binder, Chair of CTAC. “People should have access to the right medications and the best care whether they live in Toronto, Moncton or Kelowna”.

CTAC warns that the ever-increasing cost of HIV drugs and the generic drugs people with HIV also take for other conditions, has led to a drive by many governments to contain costs in their drug plans. The result is restricted access to important new medications. Even when provinces do decide to cover new drugs, they are often subject to restrictions or additional processes before patients are reimbursed.

These processes take up the time of doctors who should be busy treating their patients, not filling out forms.

CTAC points to the cumbersome and lengthy process of the Common Drug Review as contributing to the problem. CDR is a joint Federal/Provincial/Territorial programme to review and recommend drugs for coverage by provincial drug benefit plans. Advocates say CDR lacks transparency and accountability, and that so far it has only recommended “me too” drugs, not breakthrough therapies.

“CDR just adds half a year to the process and then the provinces can still take their own good time to decide whether or not to list the new medication” says Ron Rosenes, Vice Chair of CTAC. “This is just about cost containment and puts lives in the balance while people with late stage HIV disease are running out of options”.

While all provinces cover the cost of medications for their citizens on social assistance and for seniors, the availability and breadth of catastrophic drug programs varies widely from one province to the next. Working people with high drug costs and no private insurance in Atlantic Canada, for example, have no public program to defray the high cost of medications.

A National Pharmaceutical Strategy proposes a catastrophic drug program for all Canadians. According to Patrick Cupido, CTAC Treasurer, “It’s a good idea but the proposal as presented in September will still be too expensive for many Canadians and also risks placing unacceptable limits on the number of medications that will be covered”.

“What’s true for HIV in Canada is equally true for people with other diseases” adds Brian Finch, Board Secretary of CTAC. “That’s why it’s more important than ever to work together to improve access to new therapies for all Canadians regardless of where they live and their means to pay”.

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