ADAP or Perish

June 1, 1998 By Ken Silverstein

Loot to the companies, boot to the PWA's

The ADAP Working Group controversy comes as many ADAPs are floundering. Always stretched for cash, their situation grew more serious with the recent advent of combination therapy. For the estimated 30 percent of HIV positive Americans who have no health insurance (another 20 percent have private insurance and the rest rely on Medicaid), enrolling in an ADAP can literally be a lifesaver.

Now, the increased demand for pricey drugs has pushed many programs into crisis. At presstime, 10 ADAPs had halted admissions, while seven others were rationing or no longer dispensing more expensive drugs, notably protease inhibitors. In Florida, 2,200 people were on the ADAP waiting list. Following a public uproar, Mississippi reinstated 640 people it had bumped, but none get combo therapy. Wes McComas, a case manager at Project Connect in Jackson, says, "We're still so tight for money that I've had to suggest that some PWAs to move to Memphis or New Orleans, where the programs are in better shape." Even with both federal and state governments greatly increasing ADAP funding,the crisis can only worsen. A 1997 report by the Kaiser Foundation estimated that 280,000 people may be eligible for ADAP benefits, three and a half times the number that participated last year. "There are many, many people who can't get into the ADAPs, and many who are in are not getting optimal treatment," Mike Shriver of NAPWA says.

From the start, high drug prices have meant that the government gets little bang for its ADAP bucks. Indeed, the program was inaugurated in 1987 partly in response to activist protests over AZT, which was priced beyond the reach of anyone without health insurance. Antiretrovirals remain among the most expensive drugs on the market, sparking renewed charges of pharmaceutical price-gouging (see "The Price May Not Be Right," *POZ*, April 1997). Triple combos run to about $12,000 a year. Average annual wholesale protease prices range from about $5,400 for Crixivan (marketed by Merck) to $6,700 for Viracept (Agouron) to $6,900 for Fortovase (Roche) to $8,200 for Norvir (Abbott). And pharmaceuticals comprise the nation's most profitable legal industry, with returns to investors in recent years four times the average for the Fortune 500. Protease manufacturers Merck, Roche and Abbott racked up 1996 profits of $3.8 billion, $2.9 billion and $1.8 billion, respectively. The question some are beginning to ask is: When PWAs are literally dying for access to drugs, should the taxpayers be subsidizing such high pharmaceutical profits?

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/article/ADAP-or-Perish-1626-6855