# Upping the Ante

Combo Therapies Carry a Heavy Price Tag

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While the latest developments in AIDS treatment have given many a reason to rejoice, they have also raised many eyebrows, especially among people with limited budgets. New studies suggest that combinations of the new protease inhibitors with standard antiretrovirals offer the most potent drug therapy against HIV. But while we may be experiencing “the demise of single-drug therapy,” as some researchers have put it, the cost of taking more than one drug for even just a few years can quickly deplete a life savings.

Scientists estimated recently that the new combinations could cost $12,000 to $18,000 a year. (Hoffmann-La Roche’s saquinavir, the only FDA-approved protease inhibitor, wholesales for $5,800, three times as much as AZT. Experts predict that other protease inhibitors will cost more.) Meanwhile, tests measuring viral load -- now widely seen as the best tool to monitor PWAs’ health -- cost, at about $200 a piece, twice as much as CD4 counts. Analysts at the San Francisco AIDS Foundation have predicted that basic HIV therapy and monitoring -- not counting acute care -- could cost as much as $25,000 a year for life.

In an era of managed care and budget stinginess, this is a tab that neither private health plans nor government entitlement plans are likely to pick up. And while some drug companies claim their “payment assistance programs” fill the gap, some community groups say these 800 numbers may offer little more than help advocating for reimbursements.

In January, the AIDS Action Council in Washington, the AIDS Healthcare Foundation in Los Angeles and a group of prominent AIDS physicians issued a statement warning that failure to reimburse these costs could deny PWAs access to life-extending care. The rush of added high-priced drugs is stressing Medicaid and AIDS Drug Assistance Programs (ADAPs) already stressed by rising caseloads and reduced funding. One result: Missouri and Colorado’s ADAPs (serving both low- and moderate-income PWAs) have gone bankrupt, three have cut back their covered drugs and only two (Illinois, Pennsylvania and Connecticut) have confirmed coverage of saquinavir. For now, Medicaid is required to cover all approved, prescribed drugs, but the program is under assault in Congress.

Neither Medicaid, Medicare nor ADAPs currently cover viral load tests. That may change when the FDA approves the test, expected later this year. But in this new era of “compassion fatigue,” nothing is guaranteed.

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