

15 July 2011

Senate Finance and Public Administration References Committee
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Committee

ACON welcomes the inquiry by the Senate Finance and Public Administration References Committee's inquiry into the Government's administration of the Pharmaceutical Benefits Scheme (PBS). As Australia's largest HIV/AIDS community based organisation, we strongly support a fair and sustainable PBS, a program that has saved the lives of thousands of people with HIV by providing affordable HIV medications.

ACON does not support the deferral of PBS listing in principle. If the current deferral of listing of Pharmaceutical Benefits Advisory Committee's recommended therapies were to continue, we would be very concerned that the health of our clients and people with HIV in general would be negatively impacted. For a potentially life threatening virus like HIV, delays in the availability of medicines have significant individual and public health impacts.

A key challenge in treating people with HIV is that HIV mutates, making it very difficult to develop a cure. To respond to these mutations, highly active anti-retroviral therapies have been developed often using a combination of different medicines to treat the replication process of HIV. However, as HIV mutates and adapts to the environment in the body, many people will experience drug resistance, and a sizable minority (around 16-18%) will experience at least two virological failures,ⁱ that is, the drugs are no longer effectively controlling HIV in that patient.

Virological failure can lead to significant and complex morbidities, including AIDS-related diseases and higher mortality.ⁱⁱ Significantly, newer HIV drugs have been shown to be effective in treating patients with drug resistance and virological failure so that they can lead healthy and productive lives.ⁱⁱⁱ

In addition to the negative impacts on the health of the patient and the patient's family, any delay in the availability of new drugs will incur significant primary and acute health care costs, as well as losses in productivity and life years at the population level.

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Many currently available HIV medicines also entail significant side effects, with researchers highlighting the impact of drug toxicity caused by long term consumption of HIV medicines on the health and wellbeing of patients. Already osteoporosis, liver problems and cardiovascular disease are known to be side effects of some HIV medications.^{iv}

Newer HIV drugs bring an opportunity to reduce and prevent both short-term and long-term side effects as treatments become more sophisticated. Any unnecessary delays in these drugs being listed on the PBS may prolong negative side effects and the associated costs of treating these negative side effects through primary and acute health services. Given that most patients who may benefit from newer drugs will already be taking another, potentially less effective drug combination; there is little to be gained financially and much to be lost in terms of health and quality of life from arbitrary delays in approval of improved treatments.

Further, middle-aged people with HIV are more likely to experience multiple comorbidities normally associated with ageing. This is due to both the effects of the virus itself and the effects of long-term antiretroviral treatment. Managing these comorbidities has both serious health and cost implications. Universal access through the PBS to new HIV drugs to treat and manage these comorbidities is essential.

ACON supports the call by the National Association of People Living HIV/AIDS (NAPWA) to reverse the deferral policy so that medicines that have been recommended by the independent Pharmaceutical Benefits Advisory Committee can be made available to patients without delay. This will minimise negative health impacts on patients with HIV, and the risk of unnecessary mortality in more 'treatment-experienced' people with HIV. Such a move could also reduce costs borne by the Commonwealth through the primary and acute healthcare systems. ACON also supports the submission from Positive Life NSW.

ACON is happy to provide more information on this matter to the Committee if required. The best person to contact to further discuss matters raised in this letter is Alan Brotherton, Director, Policy, Strategy and Research on 02 9206 2048 or email abrotherton@acon.org.au.

Yours sincerely

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ⁱ S Deeks, S Gange, M Kitahata, *et. al.*, “Trends in Multidrug Treatment Failure and Subsequent Mortality among Antiretroviral Therapy–Experienced Patients with HIV Infection in North America”, *Clinical Infectious Diseases*, 2009:49, pp.1582–90.

ⁱⁱ *Ibid.*

ⁱⁱⁱ V Gill, V Lima, W Zhang, *et. al.*, “Improved Virological Outcomes in British Columbia Concomitant with Decreasing Incidence of HIV Type 1 Drug Resistance Detection”, *Clinical Infectious Diseases*, 2010:50, pp.98-105; J Arrabas, “Drugs in traditional drug classes (nucleoside reverse transcriptase inhibitor/nonnucleoside reverse transcriptase inhibitor/protease inhibitors) with activity against drug-resistant virus (tipranavir, darunavir, etravirine)”, *Current Opinion in HIV and AIDS*, 2009:4, pp.507–512;

^{iv} University of California, San Francisco HIV Insite, <http://www.hivinsite.org/InSite?page=ar-05-01>; and The Well Project, <http://www.thebody.com/content/art58974.html>.