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Panel on Health Services meeting on 13 June 2005

Background paper prepared by the Legislative Council Secretariat

Introduction of a Standard Drug Formulary in the Hospital Authority

Purpose

This paper gives an account of the past discussions by the Panel on Health Services (the Panel) on the Standard Drug Formulary of the Hospital Authority (HA).

Background

2. Rapid advances in medical technology have brought many new drugs into the pharmaceutical market every year. These available drugs are huge in number and vary widely in terms of cost, evidential support for their clinical efficacy, therapeutic effectiveness and side effects.

3. Although a Drug Advisory Committee has been in place in HA since 1996 to scrutinise the introduction of new drugs into public hospitals, it remains the current practice that individual hospitals or hospital clusters may maintain their own formularies, and there are variations in practices across HA hospitals in terms of clinical use of certain new drugs and situations under which patients should purchase drugs at their own cost. Consequently, patients with similar conditions could receive different drug therapy at different hospitals or could be required to pay for the cost of a drug in one hospital but not so at another.

The Standard Drug Formulary

Content of the Standard Drug Formulary

4. The Standard Drug Formulary will contain two categories of drugs, namely General Drugs and Special Drugs.

5. General Drugs refer to drugs with well-established indications and effectiveness which are available for general use as indicated by the patients' clinical conditions. This group comprises around 85% within the Formulary. This category of drugs is provided within the standard fees and charges at public hospitals and clinics.

6. Special Drugs refer to drugs which are to be used under specified clinical conditions with specific specialist authorisation. This group comprises less than 15% of the Drugs within the Formulary. Generally speaking, drugs within this group are newer, more expensive, and with variable existing practices in HA. An example is the use of specific anti-psychotics. Standard treatment for psychosis is with first-line drugs (General Drugs) of well-established clinical efficacy and safety. In case the first-line drugs are contraindicated, not tolerated, or having poor response, second-line drugs (Special Drugs) are to be used. Provided that the drug usage is within the specific indications, these second-line drugs are provided within the standard fees and charges.

Drugs outside the Standard Drug Formulary

7. Four main types of drugs have not been included in the draft Standard Drug Formulary, guided by the principles of evidence-based medical practice, targeted subsidy and opportunity costs considerations. Most of these drugs are already self-financed by patients at present. They include -

(a) drugs proven to be of significant benefits but extremely expensive for HA to provide as part of its subsidised service;

(b) drugs which have preliminary medical evidence only;

(c) drugs with marginal benefits over available alternatives but at significantly higher costs; and

(d) life-style drugs.

These drugs will be non-standard provisions in HA and patients will have to purchase the drugs at their own expenses.

Previous discussions by the Panel

Meetings held by the Panel

8. The proposed introduction of a Standard Drug Formulary in the public hospital system was previously discussed at two meetings of the Panel. At the

first meeting on 31 January 2005, members noted that HA would launch a public consultation exercise on the proposal, and it intended to implement the Standard Drug Formulary in the first half of 2005. Following the initial discussion, the Panel held a special meeting on 8 March 2005 to receive views from 14 patients groups and other organisations concerned on the subject.

Main concerns of members

9. The main concerns expressed by members and the Administration's response are outlined in the following paragraphs.

Reason for introducing a Standard Drug Formulary and impact on patients

10. While members had no objection in principle to the policy of standardisation of drugs in all HA hospitals, they expressed concern that the introduction of Standard Drug Formulary was perceived by many patients groups and members of the public as a cost saving measure to reduce public healthcare expenditure. Some members were worried about the impact on patients, and that the proposal represented a fundamental change in public health policy which had all along been that public hospitals provided the same medical treatment to patients with the same illness regardless of their means. Although a safety net would be available, some might fail to meet the eligibility criteria for subsidy by a narrow margin and had to exhaust their lifelong savings to pay for the necessary drug charges.

11. Some members were of the view that since the Administration was in the course of taking forward a study on long-term healthcare strategies and financing options, it would be worthwhile for the Administration to consider deferring the introduction of the Formulary and dealing with it in the context of its review on healthcare financing.

12. The Administration explained that that Formulary was a measure to ensure equity and fairness in access to drugs of proven clinical efficacy and therapeutic effectiveness. The Administration pointed out that the present draft Formulary included more than 1 200 types of drugs covering the majority of drugs required by patients, in particular the elderly and the chronically ill. More than 60 types of drugs included in the Formulary were for the treatment of cancer-related diseases.

13. The Administration also pointed out that with increasing knowledge of patients on alternative therapeutic options, the choice of patients who wished to try options outside the Formulary should be respected.

14. The Administration further explained that at present some expensive drugs, such as Glivec, were already self-financed by patients. One important aspect of the Government's healthcare policy was that patients who could

afford to pay should contribute to the drug expenses, whereas those in genuine hardship were given assistance under the targeted subsidy principle.

Safety net for drugs outside the Standard Drug Formulary

15. In response to members' concern about the administration of the safety net to provide assistance to patients who had difficulties in meeting the costs of drugs outside the Formulary, the Administration said that the existing system under which Medical Social Workers assessed applications for medical fee waiver on a case by case basis had been functioning satisfactorily. The Administration was mindful of the need to enhance transparency of the system and would continue to work with organisations in the social work sector to improve the system.

Mechanism for determination and review of drugs in the Standard Drug Formulary

16. Members asked whether the Formulary would be regularly reviewed, and whether a transparent mechanism would be put in place for determining what drugs should be included or removed from the Formulary.

17. The Administration responded that the Formulary would be reviewed as and when necessary. In revising the Formulary, HA would be guided by advancements in evidence-based medical practices, rational use of public resources and facilitation of patients' choices. Public education and publicity on drug prescription and the policy intent of introducing the Formulary would be strengthened to enhance public understanding and confidence in drug prescription in public hospitals and clinics as well as to minimise possible conflict between patients and doctors.

Motion passed by the Panel

18. At the conclusion of the discussion on 8 March 2005, a motion proposed by Hon Albert HO and as amended by Hon LI Kwok-ying was carried. The motion urged that the cost of non-standard drugs proven to be of significant benefits, but extremely expensive, should be fully met by HA without any means testing of the patients; and that an appropriate fee reduction be put in place for the benefits of patients receiving non-standard drugs which were outside any existing safety net protection.

Recent developments

19. The Administration would report the outcome of the public consultation exercise on the Standard Drug Formulary of HA at the meeting of the Panel on 13 June 2005.

Relevant papers

20. Members are invited to access the LegCo website (http://www.legco.gov.hk) to view the minutes of the meeting of the Panel held on 31 January 2005 and 8 March 2005, the papers provided by the Administration for the two meetings (LC Paper No. CB(2)746/04-05(01) and LC Paper No. CB(2)994/04-05(01)), and relevant questions asked by Hon CHAN Yuen-han at the Council meeting on 20 October 2004, by Dr Hon Joseph LEE and Dr Hon Fernando CHEUNG at the Council meeting on 23 February 2005 and by Hon LI Fung-ying at the Council meeting on 6 April 2005.

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