Submission from The Hong Kong Medical Association

Clerk to Panel
Legislative Council Secretariat
(Attn: Ms. Sandy HAU)
Fax: 2509 0775

Dear Madam,

When the Hospital Authority Drug Formulary was first drafted in March 2005, the Hong Kong Medical Association made comments which are printed below for your reference.

We are, however, concerned that more and more effective drugs are excluded from the formulary. These include drugs in the treatment of chronic leukaemia and cancers, biologics in the treatment of rheumatoid arthritis, hormone in the treatment of anaemia in renal failure, and coated stents used for Percutaneous Transluminal Coronary Angioplasty. At the same time, the Hospital Authority is expanding unnecessary services such as general outpatients clinics on Saturday and Sunday afternoons.

Regards,
The Hong Kong Medical Association

Press Release
18 March 2005
The stance of HKMA on the Draft HA Standard Drug Formulary

In response to the public consultation put forward by the Hospital Authority (HA) on 18 February 2005 for introducing a "Standard Hospital Authority Drug Formulary" in the public hospital system, the Hong Kong Medical Association (HKMA) immediately set up a task force the next day to scrutinize the subject matter with the aim of ensuring the safety and welfare of our community will

not be jeopardized under any circumstances. Apart from collecting views within the profession, representatives from pharmacists' associations were also invited to join the discussion and active dialogues were engaged with officials from HA Headquarter Office. After deliberation at the task force meeting and constructive discussion with respective officials, the HKMA hereby spell out its stance as follows:

Title of the drug formulary: It was generally agreed that there should be one drug formulary to unify the existing drug formularies being used in the public hospital system. However, the use of the word "standard" in the name of the proposed drug formulary created misunderstanding of its being the industry and/or professional standard with many associated repercussions. Therefore, we propose that the formulary should be neatly called "Hospital Authority Drug Formulary".

Consultation Period: We regret that the medical and the pharmaceutical profession at large had not been consulted prior to the publication of the draft formulary. Independent views on the clinical efficacy, therapeutic effectiveness and side effects of the drugs in various specialties should be sought from the respective specialty colleges of the Hong Kong Academy of Medicine, which consist of specialists both inside and outside the HA system. It is suggested that the consultation period should be extended to allow time for the colleges to discuss and collect views from their fellows, and for the private medical sector, an important partner in health delivery, to respond to the consultation.

The Review Mechanism: There should be a mechanism for the formulary to be reviewed regularly. We recommend that the formulary should be reviewed annually in consultation with the independent experts from both public and private sectors.

Drug Groups: It was proposed that further investigations should be conducted in exploring the needs to move drugs from one group to another. Because of varying clinical circumstances, drugs either listed as "Non-Standard Drugs" or not even being included anywhere in the HA drug list may be essential to the continuing care of certain patients, especially if they do not tolerate those drugs in the "general use" and "special" categories. It is desirable to make clear this point to avoid any misconception about the drug list, which might have important consequences in relation to clinical practice

and insurance coverage.

Safety Net: The provision of a safety net to help patients with difficulties in meeting the drug expenses is welcome. However, its definition and mechanism have not been clearly spelt out. Attention is drawn to situations where a patient may become financially drained after suffering from a disease and buying expensive drugs for a period of time. For example, "GilvecR" is a rather expensive but effective drug in treating chronic myeloid leukemia ("CML") yet it was not put on the proposed formulary. CML is in fact a very rare disease with a limited number of patients suffering from it. If the patient is willing to sacrifice his precious time to wait 3 hours for public service, he certainly deserved to be entertained even though he might not be living below the poverty line.

Special drugs supply options: It was agreed that HA should leave the supply of drugs to the free market and supply only drugs, which are not available or cannot be effectively supplied in the market. HA should focus its attention to in-patient care and leave the drug supply of outpatients to the free market. The option of inviting community pharmacies to operate in hospital premises is inadvisable. If patients can buy all drugs within the HA system, the community pharmacies will wither. Eventually, patients would have no choice but to totally rely on services provided by HA. This is against HA's declared policy of focusing the public medical services to the poor, to disasters and to the generally unaffordable hi-tech life-saving procedures. The hospital pharmacists held the same view that the pharmacy service in public hospitals should remain status quo and not to sell drugs so they can pay more attention to in-patient medication-related matters.

Other options: If HA were to let people with means to pay for their own drug bill in order to allocate more of its resources to the poor and the needy, they may consider a more revolutionary change - i.e. to subsidize the expensive drugs like some cancer drugs with no other alternative, that patients generally cannot afford, while those drugs with cheaper alternatives like some anti-hypertensive agents may be put on private-purchase list. Another way of rational use of resources is to ask all patients to be responsible for a certain amount of their own drug bill and let HA pay for excess. For instance, when the HA could no longer afford to distribute "statin" as primary preventive drug or "FosamaxR" as preventive treatment of osteoporosis, HA should make it clear that these drugs are excluded from the formulary because they are

considered not cost-effectiveness and not ineffective. The community should be kept fully informed so that they may opt for seeking treatment from the private sector if they so wish.

In order not to create misunderstanding, HA should not evade the resource implication in the setting up of the formulary and grouping of drugs. It is therefore impossible to provide free medicine for all without a bottom line. HA must clearly define the role they played in the medical service market and prioritize the resources available to better serve the more needy groups in our community.