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11 September 2009

Ms Mary So
Clerk to Panel
Panel on Health Services
Legislative Council
8 Jackson Road
Central

Dear Ms So,

Update on Hospital Authority Drug Formulary

The Panel on Health Services discussed the latest developments of the Hospital Authority (HA) Drug Formulary (the Formulary) at its meeting on 8 June 2009. At the meeting, HA introduced to members the formal consultation mechanism with patient groups on the Formulary. Under the mechanism, HA will invite patient groups to submit their views on the Formulary to HA every year. Members noted that HA had held the first consultation meeting under the mechanism in May this year and requested HA to provide a summary of views received from patient groups on the Formulary during the consultation period after completion of the exercise. The summary of views is now provided at **Annex** for members' reference.

Yours sincerely,

(Miss Gloria LO)
for Secretary for Food and Health

c.c. Hospital Authority (Attn.: Dr W L CHEUNG)

Annex

Summary of views from patient groups on the Hospital Authority Drug Formulary

(Note: The Hospital Authority has received the views from four patient groups from May to July 2009.)

1. Patients' Alliance on Healthcare Reform

Overall views on the Drug Formulary (the Formulary)

- In considering the introduction of new drugs or revising the categorization of individual drug in the Formulary, the efficacy of the drug should be the prime consideration of the Hospital Authority (HA). In assessing the efficacy of a drug, apart from considering the capability of the drug to cure the disease, HA should also take into account the ability of the drug in maintaining and extending life, stabilizing or improving the clinical conditions, as well as sustaining patients' body functions and daily activities.
- In determining the cost effectiveness of a drug, HA should not only consider the cost per tablet or dosage and its efficacy. HA should also take into account the social cost effectiveness of the treatment, such as the reduction in health care costs accrued, improvement in quality of life of patients, enhancement of patients' ability to work and self-care.
- HA should ensure that patients can obtain the drugs they need from general out-patient clinics, specialist clinics and accident and emergency departments.
- Drugs with significant benefits but with significant cost burden for HA to provide as part of its standard service should not be categorized as self-financed items. Drugs with significant benefits and without alternatives should be included in the Formulary and provided under the standard fees and charges.
- The treatment protocols and guidelines of special drugs should be published for public reference and monitoring.
- HA should adopt more open and transparent decision-making mechanisms for introduction of new drugs and re-categorization of drugs within the Formulary. Patient representatives should be involved in these mechanisms so that their views can be reflected in the process.

Views on individual drugs

Renal drugs

- Renal patients are required to pay for dialysis consumables and have heavy healthcare expenses.
- HA should consider providing anti-rejection, anti-hypertensive, phosphates-lowering and

anaemia drugs with less side effects to enhance the quality of life of these patients.

Rheumatology drugs

- HA should consider introducing COX-II Inhibitors as general drugs in the Formulary to reduce incidence of peptic ulcers caused by general pain killers among rheumatic patients. This will also help reduce their demand for subsequent clinical investigations and medical consultations in peptic conditions.

Psychiatric drugs

- The implementation of the Formulary cannot achieve its objective of standardizing the utilization of drugs in various HA hospitals. Different HA hospitals adopt different practices regarding prescription of psychiatric drugs. Patients can be prescribed with newer psychiatric drugs in teaching hospitals but not in other hospitals.

Views on Samaritan Fund

- An individual or a married couple should be taken as the basic unit for financial assessment.
- Actual expenditure on medical care and financial support for dependant parents and children should be included as allowable deduction items.
- The upper limit for patients' contribution to drug cost should be capped at 10% of their disposable financial assets.
- If a patient's financial assets, income and dosage of drug required remain unchanged, the funding should be automatically renewed to reduce the administrative costs incurred and to relieve patients' burden.
- Patients who are not granted assistance under the Samaritan Fund should receive tax deductions for drugs expenditures.

2. Circle of Friends

Overall views on the Formulary

- HA should relax the indications of special drugs.

Views on individual drugs

Psychiatric drugs

- HA should speed up the introduction of new psychiatric drugs which are special drugs at the moment into the Formulary as general drugs. Certain members of the group who have schizophrenia were given new drugs only after taking old drugs for ten years. Should the patients be prescribed with new drugs earlier, his or her condition could have been managed earlier with fewer side effects. The patient could also earn his or her own living without having to stay in hospital every year and living on Comprehensive Social

Security Assistance.

3. Care for Your Heart

<u>Views on individual drugs</u>

Antiplatelet drugs

- HA should provide Plavix under standard fees and charges to patients who have undergone percutaneous coronary intervention and received stent placement for 12 months to reduce their readmission to hospitals due to myocardial infarction.
- HA should provide Plavix to patients with myocardial infarction or unstable angina within 24 hours of their admission to hospitals. The drug should be continuously provided to patients for at least 12 months.

Lipid-lowering drugs

- As cholesterol level may vary with changes in lifestyle and eating habits, HA should arrange for patients with risks to undergo cholesterol level test to facilitate prevention and timely treatment.

Smoke-cessation drugs

- The Formulary should include smoke-cessation drugs as general drug to support the Government's anti-smoking campaign.

Drugs for emergency treatment

- Tenecteplase used in patients with myocardiac infarction for saving life in immediate life-threatening emergency situation should be provided free of charge.
- HA should ensure adequate stock of Tenecteplase in each acute hospital to ensure that timely treatment can be provided in emergency situation.
- To ensure patient safety, HA should have adequate stock of Abciximab and provide the drug free of charge to patients who need the drug after Percutaneous Transluminal Coronary Angioplasty. The relevant guideline should be well promulgated to frontline staff in every hospital.
- All drugs used for treatment in immediate life-threatening emergency situations should be listed as general or special drugs in the Formulary and be provided free of charge under such situation.
- As patients on anticoagulants may have bleeding complications during or after surgery, HA should provide clear guidelines to frontline staff on the use of Factor VIIa to stop bleeding in such situation.

4. Hong Kong Paediatric Rheumatism Association

Overall views on the Formulary

- HA should put labels on new drug items with description of the drug or issue guidelines about the drugs to help patients understand the side effects of the drugs.
- HA should be pay more attention to the needs of patients taking special drugs for Systemic Lupus Erythematosus.

Views on individual drugs

Rheumatology drugs

- HA should consider including Etanercept and Infiximab in the Formulary as their effectiveness in treating rheumatoid arthritis/ankylosing spondylitis/juvenile idiopathic arthritis is significant.

Views on the Samaritan Fund

- Drug cost of chronic patients is a life-long burden and their families are not able to make long-term commitment to shoulder the cost. In conducting financial assessment under the Samaritan Fund, HA should consider taking the individual patient instead of the household as a unit of calculation.