

LC Paper No. CB(2)2026/10-11(01)



香港藥學會

The Pharmaceutical Society of Hong Kong

Kowloon C.P.O. Box 73552, Yau Ma Tei, Kowloon, Hong Kong.

Society's Fax: (852) 2376-3091

E-mail: pharmacist@pskhk.hkWebsites: <http://pskhk.hk> and <http://pharmacist.org.hk>8th June 2011
(By Fax: 25090775)The Hon. Dr. Leung Kar Lau
Chairman, Legislative Council Health Panel

Dear Hon. Dr. Leung,

The Hospital Authority Drug Formulary

The Pharmaceutical Society of Hong Kong would like to express our views on the HA Drug Formulary as follows:

With the advances in drug research, new drugs are made available in the market. It is imperative that the HA Drug Advisory Committee will be regularly reviewing new drugs available to meet the needs of the patients. We believe that the evaluation criteria should be made more explicit to enhance the transparency and accountability of the whole evaluation process. Where possible, the drugs on application and the drugs which are under reviewed should be assessable by patients and healthcare professionals in the HA website.

We welcome the inclusion of the oral cancer drugs, Capecitabine in the special drug list as the drug is much more convenient for patients, reduces hospitalisation and staff cost and is as efficacious as the intravenous drugs.

The HA is currently providing over 90% of the drugs to patients in Hong Kong. There are over 500 pharmacies in Hong Kong but there are very few prescriptions being dispensed by pharmacists in the community pharmacies. There is still a huge public private imbalance as far as the supply of drugs is concerned. To make more rationale use of resources, patients should be asked to make a co-payment on all drugs dispensed in the public hospitals and clinics whether they are general drugs or special drugs. The current charge of HK\$10 per drug item with supply of up to 16 weeks of drugs induces wastage as patients are only paying a very small fee for the drugs. There is also inadequate quality care as patients are not properly monitored in the course of treatment, whether they are taking the correct dosage or taking the drugs properly. It is necessary to increase the current drug charge per item and also limit the supply of drugs to 4 weeks duration.

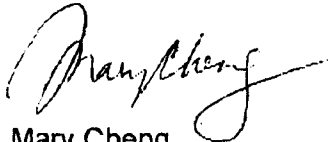
With the proposal of the health care reform by Food and Health Bureau, we believe that the money should follow the patients whether they choose to seek

medical treatment and drug dispensing services in the public or private sector. The HA should again take up the public private interface with community pharmacies where patients could be referred to community pharmacies to have their prescriptions dispensed or refilled. The participating pharmacies will be given a fee by HA for dispensing the drugs and providing counselling services and the patients will have to pay for the same amount per item of drugs to the pharmacies as what they have to pay to HA.

In the long run, perhaps a more revolutionary change should be taken with HA providing only expensive drugs, such as the cancer drugs, intravenous drugs, and drugs which are generally unaffordable by patients. Those drugs which are on the general drug list, and some of the special drugs which are readily available should be purchased by patients in the community pharmacies instead of supply by the HA pharmacies. Pharmacists in HA should focus on in-patient care, clinical services, aseptic dispensing services and leave the drug supply of out patients to the free market.

With the aging population and increasing healthcare cost, it is impossible to provide free medicine for all without a bottom line. Taking the private sectors into consideration, HA must review the role they played in the medical service market and prioritize the resources available to better serve the more needy groups in our community.

Yours sincerely,



Mary Cheng
Vice President
The Pharmaceutical Society of Hong Kong