Attachment

Hospital Authority Drug Formulary

Background Information

Introduction

The Hospital Authority ("HA") started to introduce by phases the HA Drug Formulary (HADF) in July 2005 with full implementation in October in the same year. The Formulary aims to standardise the drug policy of public hospitals and clinics, to ensure equity and fairness in patients' access to cost effective drugs of proven efficacy and safety.

In developing the HADF, the HA has been guided by the principle that public resources should be utilised with maximal effect of healthcare, and have equitable access by all patients. Other core values include evidence-based medical practice, rational use of public resources, targeted subsidy, opportunity cost considerations, and facilitation of patients' choice. These are wholly considered in formulating the framework of the HADF. Expert Panels, comprising specialist clinicians, pharmacists and academics in pharmacology have been established to deliberate on the usage and screening of drugs for each clinical specialty. Patient groups are consulted in the process and reference made to overseas practices.

Categories of Drugs：

(1) General Drugs

General Drugs refer to drugs with well-established indications and effectiveness which are available for general use as indicated by patients' clinical conditions. This group comprises around 82% of the drugs within the HADF. This category of drug is provided within the standard fees and charges at public hospitals and clinics.

(2) Special Drugs

Special Drugs refer to drugs which are to be used under specified clinical conditions with specific specialist authorisation. This group comprises less than 18% of the drugs within the HADF. If a patient requests a Special Drug but his/her clinical condition is not covered by the prescription guidelines on Special Drugs, clinicians may issue a prescription for the patients private purchase, having taken into account his/her clinical condition.

(3) Self-financed Items (SFI)

With the principles of evidence-based medical practice and opportunity costs considerations, the following four main types of drugs have to be self-financed by patients:

(a) Drugs proven to be of significant benefits but extremely expensive for the 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; and
(d) Lifestyle drugs

Patients may purchase these drugs from community pharmacies.

Update on Implementation of the Formulary:

(1) Purchase of Self-financed Items

After the implementation of the HADF, the SFI accounts for only 0.6% of total no of drug items prescribed by all public hospitals, and 1.8% of the total number of prescriptions issued by all public hospitals. Currently, HA is supplying for purchase those drugs that are very specialised and are thus not readily available at community pharmacies. The categories and proportion of these drugs are listed as follows:

Drug Category	%
Psychiatric drugs	32
Oncology drugs	28
Immunosuppressives	18
Injectable drugs	13
Safety Net drugs	4
Others	4
Dangerous drugs	1

(2) Subsidy through the Safety Net

A safety net is provided to partially or even fully subsidise patients who have financial difficulties in acquiring certain specified drugs which are clinically proven to be effective but very expensive. Clinicians may refer needy patients who fulfil the clinical criteria to seek financial assistance from the Samaritan Fund. Professional social workers will decide on the level of subsidy, using objective criteria to assess the patient's level of need. Currently, there are four specified drugs covered by Safety Net:

- Interferon
- Paclitaxel (for treatment of metastatic breast cancer)
- Growth hormone
- Imatinib ("Glivec" for treatment of chronic myeloid leukaemia and gastrointestinal stromal tumour)

The total expenditure of Samaritan Fund on drugs remained relatively stable before and after the implementation of the Formulary, around $3.8 Million for 28 cases per month on average. For the nine-month period after implementation of the Formulary i.e., from July 2005 to September 2006, average percentage subsidised for patients who received assistance under the Fund was around 88 per cent.

The following table compares the percentage of cases receiving different levels of subsidy under the Samaritan Fund before and after the implementation of the Formulary:

Percentage of subsidy from Samaritan Fund	**Before Drug Formulary (April to June 05)**	**After Drug Formulary (July 05 to March 06)**
Non * CSSA Case	% of total approved cases	% of total approved cases
100%	36.3	27.0
≥ 75% & <100%	20.0	32.0
≥ 50% & <75 %	6.2	8.0
< 50%	1.2	2.3
Sub-total	63.7	69.3
CSSA case with 100% subsidy	36.3	30.7
Grand Total	100%	100%

* CSSA: Comprehensive Social Security Assistance

(3) Introduction of New Drugs

The Drug Advisory Committee has held three meetings and introduced 15 new drugs since the implementation of the Formulary in July last year, of which 4 are General Drugs, 6 are Special Drugs and another 5 are Self-financed items**. Following is a breakdown of the drugs:

Drug Classification	**No. of new drugs introduced**	**Drug names**
Antidote	1	Sea snake antivenom
Cardiovascular	1	Iloprost (Ilomedin)
Central Nervous System	5	Methylphenidate SR (Concerta) Pregabalin ((Lyrica) Aprepitant (Emend)** Memantine (Ebixa)** Sibutramine (Reductil)**
Dermatology	1	Methylprednisolone aceponate (Advantan)
Gastro-intestinal	1	Tegaserod (Zelmac)
Nutrition & Blood	1	Darbepoetin alfa (Aranesp)
Obstetrics & Gynaecology	1	Progesterone vaginal gel (Crinone)**
Oncology	1	Pemetrexed (Alimta)**
Ophthalmology	3	Brimonidine (Alphagan P) eye drop Proparacaine (Alcaine) eye drop Bimatoprost eye drop (Lumigan)

Periodic Review:

The HADF is subject to periodic review in a systematic manner, taking into account changes in scientific evidence, cost effectiveness, technology advances in treatment options, and changes in service provisions with addition, deletion and revision of operational guidelines in the use of drugs.

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