

LCQ9: Support for psoriasis patients

Following is a question by the Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (October 21):

Question:

It has been reported that in 2019, there were over 20 000 psoriasis patients in Hong Kong, with around 5 000 of them in moderate or severe conditions. Since June 2018, Chai Wan Social Hygiene Clinic of the Department of Health (DH) has been providing biologic therapy service for severe psoriasis patients. As at February 2020, DH identified only 74 severe psoriasis patients who might be suitable for receiving the biologic therapy and, among such patients, only 32 had started receiving the therapy and another nine were waiting for the treatment. Regarding the support for psoriasis patients, will the Government inform this Council:

(1) whether it will relax the criteria adopted for screening patients for receiving the biologic therapy so that more patients in moderate or severe conditions will be eligible for the treatment, and allocate additional resources to enable eligible patients to receive such treatment as early as possible; if so, of the details and timetable; if not, the reasons for that;

(2) given that dermatologists adopt a scoring method known in abbreviated form as PASI for assessing the conditions of psoriasis patients, with PASIA75 (i.e. representing an improvement of 75 per cent in the skin conditions of patients as compared with the baseline) as the treatment target, whether the authorities will consider, at the request of patients, prescribing other medicines which are more effective when patients are unable to achieve PASIA75 within a short period of time after receiving treatment by taking oral medication, so as to shorten the duration of treatment for such patients; if so, of the details; if not, the reasons for that;

(3) given the huge medical expenses for treating psoriasis, whether the Government will consider providing patients or taxpayers who support such patients with a tax allowance for medical expenses; if so, of the details and timetable; if not, the reasons for that; and

(4) as some medical professionals have pointed out that at present, a number of drugs have specific curative effects on psoriasis, but they have not been listed as Self-financed Items with Safety Net in the Drug Formulary of the Hospital Authority (HA), whether the Government will request HA to (i) do so expeditiously, and (ii) provide such drugs for patients who have tried different drugs but failed to get satisfactory medical results; if so, of the details and timetable; if not, the reasons for that?

Reply:

President,

In consultation with the Department of Health (DH) and the Hospital Authority (HA), I provide the following reply to the four parts of the question raised by the Hon Elizabeth Quat.

(1) Currently, treatment options for psoriasis include medicaments for external use, oral drugs, phototherapy and the newly introduced biologic therapy. Doctors will prescribe appropriate medication according to the severity of patients' conditions, most of which can be controlled by using conventional treatment options (i.e. medicaments for external use, oral drugs or phototherapy alone or in combination).

The DH and the HA had formulated the guidelines for biologic therapy and referral of psoriasis patients in Hong Kong in 2014 with reference to the relevant guidelines of the United Kingdom (UK). The DH then revised the clinical guidelines for dermatology biologic therapy in 2018 with reference to the UK clinical guidelines updated in 2017. The revised clinical guidelines set out the conditions for receiving biologic therapy based on evidence-based medical practices, and the revised clinical eligibility criteria was less stringent. Moreover, to enhance biologic therapy service, the DH has introduced biologic therapy specialist out-patient service supervised by dermatologists in the Chai Wan Social Hygiene Clinic located at the Pamela Youde Nethersole Eastern Hospital since June 2018.

According to the criteria set out in the guidelines, psoriasis patients whose conditions cannot be effectively controlled by conventional treatment or patients who are not suitable or cannot tolerate conventional treatment due to serious adverse effects of such treatment may receive biologic therapy in the public healthcare system under the existing mechanism, provided that they do not have any contraindications to such treatment. As at September 2020, DH clinics providing specialist dermatology out-patient service have identified 90 psoriasis patients who may be suitable for biologic therapy. Among them, 69 have received the biologic therapy specialist out-patient service, four are being arranged for consultation in about four weeks' time, while 17 have not made appointments for the biologic therapy specialist out-patient service. There are currently 49 patients receiving biologic therapy. The social hygiene service of the DH will continue to identify severe psoriasis patients in accordance with the current criteria and refer them to the specialist out-patient service for biologic therapy treatment.

(2) On determining the severity of a psoriasis patient's condition, the above clinical guidelines adopt three assessment indicators, namely the percentage of the patient's skin affected, PASI or dermatology life quality index, as the basis for doctors' reference and discussion with patients. Different treatment options are recommended to individual patients according to their needs and expectations.

(3) The DH has an established mechanism to alleviate the financial burden of patients in need (including psoriasis patients) so that they will not be deprived of treatment in the public healthcare system due to affordability

reasons. Charges are waived for recipients of Comprehensive Social Security Assistance, holders of Level 0 Voucher of the Pilot Scheme on Residential Care Service Voucher for the Elderly, and persons who are exempted from payment of medical fees under the waiving mechanism of public hospitals and clinics. Besides, eligible psoriasis patients with clinical needs may also apply for drug subsidies in order to use biologics covered by the Samaritan Fund.

(4) The DH and the HA attach high importance to the provision of optimal care for all patients (including psoriasis patients) while ensuring patients an equitable access to safe, efficacious and cost-effective drugs under the highly subsidised public healthcare system.

The HA has an established mechanism for regular appraisal of new drugs and review of its Drug Formulary (HADF) and coverage of the safety net. The process is based on scientific and clinical evidence, taking into account the safety, efficacy and cost-effectiveness of drugs and other relevant considerations, including international recommendations and practices as well as professional views, so as to ensure equitable and rational use of public resources as well as the provision of optimal care for patients.

At present, a number of drugs are listed on the HADF for treatment of psoriasis. Among them, Infliximab, Ustekinumab, Adalimumab, Etanercept, Secukinumab and Guselkumab have been under the coverage of the Samaritan Fund. Patients with clinical needs and meeting specified criteria may apply for drug subsidy to use these drugs.

The HA will continue to keep abreast of the latest development of clinical and scientific evidence, listen to the views and suggestions of patients' groups, and regularly review the HADF and coverage of the safety net under the principle of rational use of limited public resources while providing treatment to the largest number of needy patients.