

SINGHEALTH PHARMACY & THERAPEUTICS COUNCIL

SPTC NEWSLETTER

ISSUE 4 | NOV 2023



Communication Platform across Singhealth institutions

This newsletter aims to enable better engagement and facilitate information sharing with all SingHealth staff.

We hope the information provided is useful to you and we appreciate any comments and feedback. Kindly contact SPTC office at pharmacy.therapeutics.council@singhealth.com.sg

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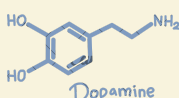
RECENT ADDITIONS TO FORMULARY

ALIMENTARY TRACT AND METABOLISM



Name of Drug	Status	Inst
ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE 250/133.5/80MG/5ML LIQUID (GAVISCON)	SDL1	NCCS
CHARCOAL 200MG CAPSULE/TABLET	SDL1	CGH
GLYCERIN, SODIUM CHLORIDE 30/15% ENEMA 20ML	NS	KKH
MACROGOL 4000 POWDER FOR ORAL SOLUTION (FORLAX)	NS	NCCS
MAGNESIUM (ELEMENTAL) 250MG TABLET	NS	SKCH
PROBIOTIC 112.5 BILLION CAPSULE (VIVOMIXX)	NS	NCCS
SEMAGLUTIDE 3MG, 7MG & 14MG TABLET (RYBELSUS)	NS	CGH
SEMAGLUTIDE 2MG/1.5ML PREFILLED PEN (OZEMPIC)	NS	CGH, SKH
SITAGLIPTIN 50MG TABLET (JANUVIA)	SDL2	NCCS
URSODEOXYCHOLIC ACID 250MG CAPSULE	SDL2	NCCS

SYSTEMIC HORMONAL PREPARATIONS



Name of Drug	Status	Inst
ETELCALCETIDE 2.5MG/0.5ML INJECTION (PARSABIV)	NS	CGH
LIOTHYRONINE HCL 20MCG TABLET	SDL1	NCCS

BLOOD AND BLOOD FORMING ORGANS



Name of Drug	Status	Inst
DARBEPOETIN ALFA 120MCG/0.5ML PREFILLED SYRINGE	SDL2	NCCS
ELTROMBOPAG 25MG TABLET (REVOLADE)	MAF	SKH
ENOXAPARIN 20MG/0.2ML PREFILLED SYRINGE (CLEXANE)	SDL2	NCCS
ENOXAPARIN 80MG/0.8ML PREFILLED SYRINGE (CLEXANE)	SDL2	OCH
EPOETIN BETA 2,000IU PREFILLED SYRINGE(RECORMON)	SDL2	NCCS
IRON CARBOXYMALTOSE 500MG/10ML INJECTION (FERINJECT)	SDL2	NCCS
IRON DERISOMALTOSE 500MG/5ML INJECTION (MONOFER)	NS	CGH
IRON POLYMALTOSE 100MG CAPSULE	SDL2	CGH, NCCS, SHP, SKH
RIVAROXABAN 10MG TABLET (XARELTO)	NS	KKH
RIVAROXABAN 2.5MG TABLET (XARELTO)	NS	CGH
SOD CHLORIDE 0.9% INFUSION 100ML	SDL1	SKCH
SOD CHLORIDE 0.9% INJ PREFILLED INJECTION 5ML	NS	SHP
SOD CHLORIDE 0.9% PREFILLED INJECTION 10ML (BD POSIFLUSH™)	NS	SKCH
TRANEXAMIC ACID 500MG/5ML INJECTION	SDL2	NCCS

For more information on each drug, please go to [Lexicomp online](https://www.lexicomp.com)

RECENT ADDITIONS TO FORMULARY

CARDIOVASCULAR SYSTEM



Name of Drug	Status	Inst
AMBRISENTAN 5MG & 10MG TABLET (VOLIBRIS)	MAF	CGH
AMIODARONE 200MG TABLET	SDL2	NCCS
FINERENONE 10MG TABLET (KERENDIA)	NS	CGH, SKH
HYDRALAZINE 50MG TABLET	SDL1	NCCS
INCLISIRAN 284MG/1.5ML PREFILLED SYRINGE (LEQVIO)	NS	SGH, SKH
METHYLDOPA 250MG TABLET	SDL1	NCCS
MINOXIDIL 2.5MG TABLET	NS	SKH
NIFEDIPINE 60MG LA TABLET	SDL2	NCCS
PROCTOSEDYL SUPPOSITORY	NS	SKCH
SACUBITRIL, VALSARTAN 24.3/25.7MG TABLET (ENTRESTO)	MAF	SKCH
TOLVAPTAN 15MG TABLET	NS	CGH

GENITO URINARY SYSTEM AND SEX HORMONES



Name of Drug	Status	Inst
DANAZOL 200MG CAPSULE	NS	NCCS
ESTRADIOL, DYDROGESTERONE 2/10MG TABLET (FEMOSTON 2/10)	NS	KKH
ETHINYLESTRADIOL, CYPROTERONE 0.035/2MG TABLET (ESTELLE-35)	NS	CGH
LEVONORGESTREL 0.75MG TABLET (POSTINOR)	NS	CGH
TADALAFIL 20MG TABLET	NS	KKH

DERMATOLOGICALS



Name of Drug	Status	Inst
BETAMETHASONE DIPROPIONATE 0.05% CREAM	NS	OCH
BETAMETHASONE VALERATE 0.05% CREAM	SDL1	NCCS, SKCH
BETAMETHASONE VALERATE 0.1% OINTMENT	SDL1	NCCS
CASTELLANI'S PAINT	SDL1	SKCH
CLOBETASOL PROPIONATE 0.05% OINTMENT	SDL2	NCCS
COAL TAR 5% IN AQUEOUS CREAM	SDL1	OCH, SKCH
FUSIDIC ACID 2%, BETAMETHASONE VALERATE 0.1% CREAM	NS	CGH, SGH, SKH
HYDROCORTISONE ACEPONATE 0.127% LIPO CREAM	NS	SGH
HYDROCORTISONE 1%,CLIOQUINOL 3% CREAM	SDL1	SKCH
LIDOCAINE 10% TOPICAL SPRAY 50ML	SDL1	NCCS
LIQUID PARAFFIN BP	SDL1	CGH
POVIDONE IODINE 10% IN AQUEOUS TOPICAL SOLN 22.5ML	SDL1	CGH, KKH
SALICYLIC ACID 16.7% COLLODION	SDL1	SHP
WHITE SOFT, LIQUID PARAFFIN 60/40% OINTMENT	SDL1	OCH

For more information on each drug, please go to [Lexicomp online](https://www.lexicomp.com)

RECENT ADDITIONS TO FORMULARY

ANTIINFECTIVES FOR SYSTEMIC USE



Name of Drug	Status	Inst
AMOXICILLIN, CLAVULANIC ACID 200/28MG/5ML ORAL SUSPENSION	SDL2	SKCH
CLOFAZIMINE 50MG CAPSULE	NS	KKH
CLOXACILLIN 250MG CAPSULE	SDL1	SKH
DOLUTEGRAVIR, LAMIVUDINE 50/300MG TABLET (DOVATO)	SDL2	SKH
ENTECAVIR 0.5MG TABLET	SDL2	KKH
FLUCONAZOLE 150MG CAPSULE	SDL2	CGH, NCCS
INFLUENZA INACTIVATED, QUADRIVALENT VACCINE INJ (VAXIGRIP-TETRA)	SVL	NHCS
ISAVUCONAZOLE 100MG CAPSULE (CRESEMBA)	NS	NCCS
ITRACONAZOLE 50MG/5ML ORAL SOLUTION	MAF	NCCS
NIRMATRELVIR 150MG & RITONAVIR 100MG TABLET (PAXLOVID)	NS	SKCH
REMDESIVIR 100MG INJECTION	NS	SKCH
TEDIZOLID 200MG INJECTION (SIVEXTRO)	NS	SGH
TEDIZOLID 200MG TABLET (SIVEXTRO)	NS	SGH

RESPIRATORY SYSTEM



Name of Drug	Status	Inst
BECLOMETASONE, FORMOTEROL, GLYCOPYRRONIUM 100/6/12.5MCG INHALER (TRIMBOW)	NS	CGH
BUDESONIDE, FORMOTEROL 160/4.5MCG SPIROMAX (DUORESP SPIROMAX)	SDL2	CGH
BUDESONIDE, FORMOTEROL 160/4.5MCG TURBUHALER (SYMBICORT)	SDL2	NCCS, OCH
CETIRIZINE 10MG TABLET	SDL2	OCH
DEXTROMETHORPHAN 15MG TABLET	SDL1	SGH
DOXYLAMINE, PYRIDOXINE 10/10MG DELAYED RELEASE TABLET (DICLECTIN)	NS	SKH
ERDOSTEINE 300MG CAPSULE (ERDOMED)	NS	CGH
FLUTICASONE, UMECLIDINIUM, VILANTEROL 100/62.5/25MCG ELLIPTA INHALER (TRELEGY ELLIPTA)	NS	CGH
FLUTICASONE, VILANTEROL 100/25MCG ELLIPTA INHALER (RELVAR ELLIPTA)	SDL2	NCCS, SHP
FLUTICASONE, VILANTEROL 200/25MCG ELLIPTA INHALER (RELVAR ELLIPTA)	SDL2	SHP
SALMETEROL, FLUTICASONE 25/50MCG EVOHALER (SERETIDE)	SDL2	NCCS
UMECLIDINIUM 62.5MCG ELLIPTA INHALER (INCRUSE)	SDL2	NCCS
UMECLIDINIUM, VILANTEROL 62.5/25MCG ELLIPTA INHALER (ANORO ELLIPTA)	SDL2	NCCS

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS



Name of Drug	Status	Inst
ALBENDAZOLE 400MG/10ML ORAL SUSPENSION (ZENTEL)	NS	KKH
HYDROXYCHLOROQUINE 200MG TABLET	SDL2	NCCS

For more information on each drug, please go to [Lexicomp online](https://www.lexicomp.com)

RECENT ADDITIONS TO FORMULARY

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS



Name of Drug	Status	Inst
ARSENIC TRIOXIDE 10MG/10ML INJECTION (ASADIN)	NS	NCCS
BACILLUS CALMATTE-GUERIN (BCG) 12.5MG POWDER FOR INTRAVESICAL SUSPENSION (ONCOTICE)	SDL2	NCCS
BACILLUS CALMATTE-GUERIN (BCG) 80MG POWDER FOR INTRAVESICAL SUSPENSION (IMMUNOBLADDER)	SDL2	NCCS
BLINATUMOMAB 35MCG INJECTION	MAF	NCCS
BUSULFAN 60MG/10ML INJECTION	SDL2	NCCS
CARMUSTINE 100MG INJECTION	SDL2	NCCS
CICLOSPORIN 500MG/5ML ORAL SOLUTION (NEORAL)	SDL2	NCCS
DARATUMUMAB 1800MG/15ML INJECTION (DARZALEX SUBCUTANEOUS)	NS	NCCS
DAUNORUBICIN 20MG INJECTION	SDL2	NCCS
DOSTARLIMAB 500MG/10ML INFUSION (JEMPERLI)	NS	NCCS
ENCORAFENIB 75MG CAPSULE (BRAFTOVI)	NS	NCCS
EVEROLIMUS 2.5MG TABLET (AFINITOR)	MAF	NCCS
INFLIXIMAB 100MG INJECTION (REMSIMA)	SDL2	NCCS, SKH
INOTUZUMAB OZOGAMICIN 1MG INFUSION	MAF	NCCS
IXAZOMIB 3MG & 4MG CAPSULE	MAF	NCCS

Name of Drug	Status	Insti
MELPHALAN 2MG TABLET (ALKERAN)	SDL1	NCCS
MELPHALAN 50MG INJECTION (ALKERAN)	SDL2	NCCS
MIDOSTAURIN 25MG CAPSULE (RYDAPT)	MAF	NCCS
POMALIDOMIDE 2MG, 3MG & 4MG CAPSULE	MAF	NCCS
RISANKIZUMAB 150MG/ML PREFILLED PEN (SKYRIZI)	NS	CGH
SOTORASIB 120MG TABLET (LUMAKRAS)	NS	NCCS
TRETINOIN 10MG CAPSULE (VESANOID)	SDL2	NCCS

OPHTHALMOLOGICALS



Name of Drug	Status	Inst
ACETYL CYSTEINE 5% EYEDROP	NS	CGH
NAPHAZOLINE, PHENIRAMINE 0.025/0.3% EYEDROP (NAPHCON-A)	SDL2	SKCH
RANIBIZUMAB 1.65MG/0.165ML PREFILLED SYRINGE (LUCENTIS)	SDL2	SNEC
RIPASUDIL 0.4% EYEDROP (GLANATEC)	NS	CGH
TOBRAMYCIN 0.3% EYE OINT	NS	CGH

For more information on each drug, please go to [Lexicomp online](https://www.lexicomp.com)

RECENT ADDITIONS TO FORMULARY

NERVOUS SYSTEM



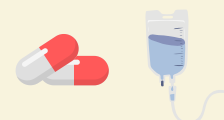
Name of Drug	Status	Inst
DEXMEDETOMIDINE 200MCG/2ML INJECTION	SDL2	SKH
FLUNARIZINE 5MG CAPSULE	NS	SKH
FREMANEZUMAB 225MG/1.5ML PREFILLED PEN (AJOVY)	NS	SGH
LAMOTRIGINE 50MG TAB (LAMICTAL)	SDL2	NCCS
LEMBOREXANT 5MG TAB (DAYVIGO)	NS	SGH
LEVETIRACETAM 250MG TABLET	SDL2	NCCS
LEVETIRACETAM 500MG/5ML ORAL SOLUTION (KEPPRA)	SDL2	SKCH
MELATONIN 2MG PROLONGED-RELEASE TABLET (CIRCADIN)	NS	KKH
NICOTINE 2MG CHEWING GUM (NICORETTE)	MAF	SKCH
PARACETAMOL 250MG SUPPOSITORY	SDL1	KKH
PYRIDOSTIGMINE 10MG TABLET (MESTINON)	SDL1	CGH, SKCH
QUETIAPINE 25MG TABLET	SDL2	NCCS
RISPERIDONE 5MG/5ML ORAL SOLUTION	SDL2	SKCH
SELEGILINE 5MG TABLET	NS	SKCH
SERTRALINE 50MG TABLET	SDL2	NCCS
VALPROATE 300MG CR TABLET (EPILIM)	SDL1	NCCS, SKH
VORTIOXETINE 20MG/ML ORAL DROP (BRINTELLIX)	NS	SGH

MUSCULO-SKELETAL SYSTEM



Name of Drug	Status	Inst
ROMOSUZUMAB 105MG/1.17ML PREFILLED SYRINGE (EVENITY)	NS	KKH

VARIOUS



Name of Drug	Status	Inst
CALCIUM ACETATE 667MG TABLET	SDL1	NCCS
DEFERASIROX 360MG TABLET (JADENU)	SDL2	NCCS
DEFERASIROX 90MG TABLET (JADENU)	SDL2	NCCS
DEFERIPRONE 500MG TABLET (FERRIPROX)	SDL2	NCCS
DEFEROXAMINE (DESFERRIOXAMINE) 500MG INJECTION	SDL2	NCCS
DIMERCAPROL 100MG/2ML INJECTION	SDL1	CGH
INDOCYANINE GREEN 25MG INJECTION	NS	SKH
IOBITRIDOL 350MG/ML INJECTION 100ML (XENETIX)	NS	CGH
IRON SUCROFERRIC OXYHYDROXIDE 500MG CHEWABLE TABLET	NS	SKH
SODIUM ZIRCONIUM CYCLOSILICATE 5G POWDER FOR ORAL SUSPENSION (LOKELMA)	NS	CGH
SUGAMMADEX 200MG/2ML INJECTION (BRIDION)	NS	NHCS

For more information on each drug, please go to [Lexicomp online](https://www.lexicomp.com)

MOH DRUG SUBSIDY SCHEMES

STANDARD DRUG LIST (SDL)

Includes low- to moderate-cost therapies essential for the management of common diseases affecting the majority of patients.



Monthly household income per person

\$2000 and below
Above \$2000



Annual value of home for households with no income

\$21000 and below
Above \$21000



Subsidy for SDL drugs

75%
50%

MEDICATION ASSISTANCE FUND (MAF)

provides subsidies for high-cost drugs that are clinically-proven and cost-effective, for specific indications, to eligible subsidised patients.



Monthly Per Capita Household Income (PCHI)

PCHI \leq \$2,000
\$2,000 < PCHI \leq \$3,300
\$3,300 < PCHI \leq \$6,500
PCHI > \$6,500



MAF Drug Subsidy Levels

Singapore Citizens

75%
50%
40%
0%*

Permanent Residents

20%
20%
20%
0%*

*In exceptional deserving cases, MAF may be extended upon appeal.



Pioneer Generation

- additional 50% off remaining post subsidy drug costs

Merdeka Generation

- additional 25% off remaining post subsidy drug costs



Source: MOH List of Subsidised Drugs, Updated 1 November 2023
For more information, please go to [MOH MAF](#).

CANCER DRUG LIST

The MOH Cancer Drug List: What it means to you

In an effort to slow the rapidly escalating cost of cancer, the Ministry of Health (MOH) introduced the Cancer Drug List in 2022. Only treatments on that list can be subsidised, and can be paid for by MediShield Life and Integrated Shield Plans. Cartoonist Sonny Liew, Associate Professor Ravindran Kanesvaran from the National Cancer Centre Singapore and Straits Times senior health correspondent Salma Khalik explain the rationale behind the MOH Cancer Drug List and how it impacts cancer treatment here. This visual explainer was commissioned by the NUS Saw Swee Hock School of Public Health and the Singapore Cancer Society.

CANCER IS THE LEADING CAUSE OF DEATH IN SINGAPORE TODAY.

CANCER 29.9%
ISCHAEMIC HEART DISEASE 19.7%
PNEUMONIA 20%

ONE IN FOUR PEOPLE HERE WILL GET IT IN THEIR LIFETIME.

TREATMENT CAN BE EXPENSIVE - COSTS FOR LATE-STAGE CANCERS MAY RANGE FROM \$100,000 TO \$200,000 A YEAR.

I CAN'T AFFORD THAT!

MOST OF US WOULD NEED SUBSIDIES AND/OR INSURANCE TO HELP COVER COSTS...

BUT SOCIETY CAN'T...

AND WANT TO HAVE ACCESS TO THE LATEST CANCER TREATMENTS.

BUT THIS CAN PUSH COSTS EVEN HIGHER...

CANCER DRUG SPENDING MORE THAN DOUBLED FROM \$110 MILLION TO \$275 MILLION BETWEEN 2017 AND 2021!

THIS GROWTH WAS THREE TIMES THE RATES OF NON-CANCER DRUGS!

FOR ONE THING, MANY APPROVED NEW CANCER DRUGS MAY NOT CONFER SIGNIFICANT BENEFITS COMPARED TO EXISTING ONES - BUT THEY CAN BE MUCH PRICIER.

TO GET APPROVAL, THEY JUST NEED TO SHOW THAT THEY ARE NOT INFERIOR TO OLDER DRUGS...

AND IN SOME CASES JUST BETTER THAN PLACEBOS!

DESPITE THIS, THEY WILL BE MARKETING AND PROMOTING, ESPECIALLY IF THIRD PARTY COVERAGE IS GENEROUS.

DON'T WORRY, YOUR INSURANCE WILL COVER ALL YOUR BILLS!

IN FACT, GENEROUS THIRD PARTY COVERAGE ALLOWS DRUG COMPANIES AND HEALTHCARE PROVIDERS TO CHARGE MORE...

WE'VE GOT FEET AND STAFF TO PAY!

AND COST OF LIVING HERE IS HIGH!

SUCH INCENTIVES WILL PUSH UP BOTH PUBLIC HEALTH SPENDING AND INSURANCE PREMIUMS.

LEFT UNCHECKED, WE WOULD BE SPENDING \$2.7 BILLION ON CANCER DRUGS BY 2030, SEVEN TIMES WHAT WAS SPENT IN 2019!

THE SINGAPORE GOVERNMENT HAS ALWAYS PLAYED AN ACTIVE ROLE IN SHAPING OUR HEALTHCARE SYSTEM.

WE HAVE CO-PAYMENT* A KEY PRINCIPLE OF HEALTHCARE FINANCING HERE...

...TO DISCOURAGE SPENDING ON UNNECESSARY HEALTHCARE.

THAT'S MY ROSE!

SO IN SEPTEMBER 2022, THE CANCER DRUG LIST (CDL) WAS INTRODUCED, WHICH INCLUDES ONLY TREATMENTS THAT ARE DEEMED TO BE CLINICALLY PROVEN AND COST EFFECTIVE.

CDL

TREATMENTS NOT ON THE LIST CANNOT BE COVERED BY INSURANCE, SUBSIDY OR MEDISAVE.

IN FACT, GENEROUS THIRD PARTY COVERAGE ALLOWS DRUG COMPANIES AND HEALTHCARE PROVIDERS TO CHARGE MORE...

WE'VE GOT FEET AND STAFF TO PAY!

AND COST OF LIVING HERE IS HIGH!

...WHILE MAKING IT SEEMINGLY FRictionLESS FOR PATIENTS TO TRY OUT HIGH-COST TREATMENTS.

THIS HAS HELPED PUSH DOWN THE COSTS OF CANCER DRUGS IN THE PUBLIC SECTOR, AS DRUG COMPANIES ARE WILLING TO OFFER LOWER PRICES TO KEEP THEIR PRODUCTS ON THE CDL.

PRICES HAVE FALLEN 50% ON AVERAGE...

AND OVER 60% IN SOME CASES!

LOWER PRICES MAKE IT POSSIBLE FOR THE GOVERNMENT TO SUBSIDISE MORE TREATMENTS...

...AND HELP PUT SOME DOWNWARD PRESSURES ON DRUG PRICES IN PRIVATE HEALTHCARE.

BUT THOUGH SUCH DEVELOPMENTS HELP TO IMPROVE SINGAPORE'S HEALTHCARE SYSTEM OVERALL...

WHAT HAPPENED??

THEY FELL THROUGH THE CRACKS!

ANY CHANGES ON A LARGE NATIONAL SCALE WILL MEAN THAT A SMALL MINORITY MAY BE ADVERSELY AFFECTED.

THERE ARE PATIENTS WITH RARE CANCERS WHO FEAR THAT THEIR COSTLY LIFE-SAVING TREATMENTS WILL NO LONGER BE COVERED.

THE STRAITS TIMES

Brain cancer patient treated with off-label drug frets over costs when insurance coverage stops in April 2023

SUCH CASES OFTEN INVOLVE OFF-LABEL DRUG USE.

APPROVED DRUGS GET A LABEL THAT DESCRIBES WHAT THEY ARE AUTHORISED FOR.

HENCE IT'S OFF-LABEL IF THEY ARE USED FOR A PURPOSE OTHER THAN WHAT THEY ARE APPROVED FOR!

LIKE WHEN A DRUG APPROVED ONLY FOR BREAST CANCER IS USED TO TREAT COLON CANCER.

OFF-LABEL DRUG PRESCRIPTIONS CAN BE CONTENTIOUS, AS THEY ARE USED WITHOUT ROBUST EVIDENCE THAT THEY WORK.

NO, YOU CAN'T USE ANTIHISTAMIC CREAM TO BRUSH YOUR TEETH!

SO THEIR USAGE MAY NOT BRING ANY BENEFITS, AND MAY EVEN BE HARMFUL.

BUT THEY ARE AN OPTION THAT DOCTORS DO TURN TO IN MANY AREAS OF HEALTHCARE.

IF THE USUAL OPTIONS FAIL, OTHER TREATMENTS THAT SEEM LOGICAL MAY BE PURSUED...

AS WHEN TWO DIFFERENT CANCERS SHARE THE SAME MOLECULAR MARKER TARGETED BY A PARTICULAR DRUG.

THE LACK OF EVIDENCE IS ALSO PARTLY CIRCUMSTANTIAL - CLINICAL TRIALS ARE VERY EXPENSIVE TO RUN, AND IT IS DIFFICULT TO FIND ENOUGH PATIENTS WITH RARE CANCERS TO TAKE PART IN THEM.

THERE ARE JUST FEWER ECONOMIC INCENTIVES TO DEVELOP OR SEEK APPROVAL FOR DRUGS FOR RARE DISEASES.

PERHAPS THE KEY IS FINDING WAYS TO EVALUATE WHICH OFF-LABEL TREATMENTS ARE REASONABLE, AND WHICH ARE MORE RANDOM SHOTS IN THE DARK.

IN FACT, SOME OFF-LABEL TREATMENTS HAVE GOOD TRACK RECORDS, AND ARE ALREADY ON THE CDL.

18 OF THEM SO FAR!

...AND THE LIST WILL CONTINUE TO BE UPDATED AS NEW TREATMENTS AND EVIDENCE EMERGE.

PLUS A RANGE OF FINANCIAL ASSISTANCE EXISTS IN THE PUBLIC SECTOR...

...SUCH AS MEDISAVE AND INSURANCE ASSISTANCE FUND PLUS FOR THOSE IN NEED.

INSURANCE COMPANIES HAVE ALSO CATEGORISED NON-CDL DRUGS BASED ON STRENGTH OF SUPPORTING EVIDENCE, SO PEOPLE WITH IDERS* MAY HAVE TREATMENTS WITH STRONGER EVIDENCE COVERED.

I GOT IN AT WHAT ABOUT YOU?

SOME OF YOUR MEDS!

*Less than half of residents here opt for iders due to the higher premiums.

FOR ALL THAT, SOME WILL STILL FALL THROUGH THE CRACKS...

IT'S A VERY SMALL NUMBER!

...AND THEIR LOSSES MAY BE A REMINDER THAT THE TRADE-OFFS WE MAKE AS A SOCIETY CAN BE FELT IN VERY PERSONAL TERMS.

BUT ULTIMATELY, MOST ONCOLOGISTS BELIEVE THAT THE CDL WILL, IN THE LONG RUN, ALLOW THE VAST MAJORITY OF CANCER PATIENTS TO GET THE TREATMENT THEY NEED AT LOWER COST...

DO WE CONCERN?

YES!

YUP!

ER... YES.

...WHICH IS PERHAPS A KIND OF SOCCOR WHEN FACING THE CHALLENGES PRESENTED BY THIS COMPLEX, TERRIBLE AND OFTEN FATAL DISEASE.

I'M THE EMPEROR OF ALL MALADIES!

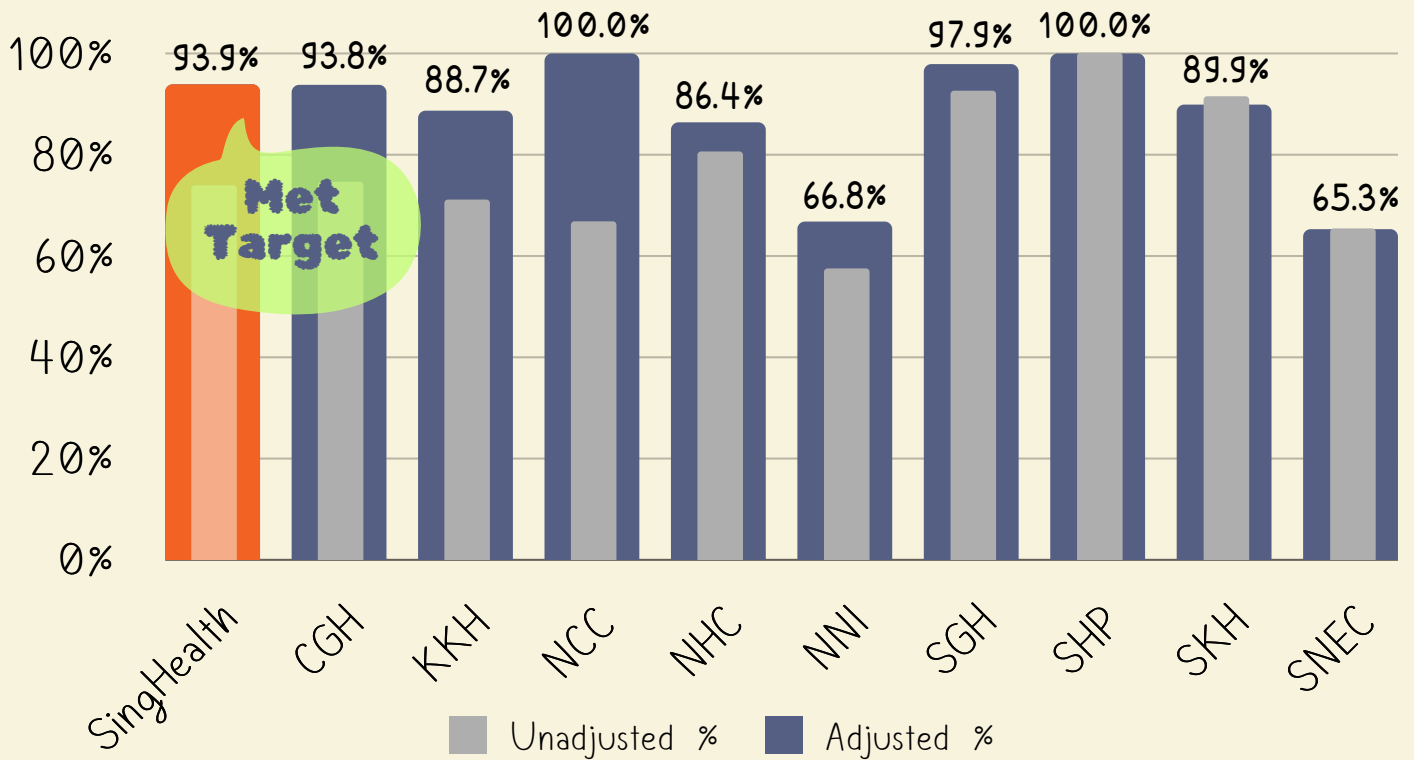
OK, OK!

ILLUSTRATIONS AND CONCEPT: SONNY LIEW http://instagram.com/sonny_liew TEXT: SONNY LIEW AND RAVINDRAN KANESVARAN COPYRIGHT: NUS, SCS and SONNY LIEW

Source: Sunday Times 2 Oct 2023

P4P GENERIC UTILISATION

CY2023 Jan to Jun (Official Results)



CY2024 Drugs for Monitoring

- Anidulafungin 100mg inj
- Apixaban 2.5mg tab
- Apixaban 5mg tab
- Aripiprazole 5mg tab
- Aripiprazole 10mg tab
- Aripiprazole 15mg tab
- Arsenic trioxide 10mg/10mL inj
- Brimonidine 0.15% eye drop
- Brinzolamide 1% eye drop
- Dasatinib 20mg tab
- Dasatinib 50mg tab
- Dasatinib 70mg tab
- Deferasirox 90 mg tab
- Deferasirox 360 mg tab
- Ivabradine 5mg tab
- Ivabradine 7.5mg tab
- Pazopanib 200mg tab
- Pazopanib 400mg tab
- Pomalidomide 1mg cap
- Pomalidomide 2mg cap
- Pomalidomide 3mg cap
- Pomalidomide 4mg cap
- Posaconazole 100mg tab
- Rivaroxaban 10mg tab
- Rivaroxaban 20mg tab
- Sevelamer 800mg tab
- Sitagliptin 25mg tab
- Sitagliptin 50mg tab
- Sitagliptin 100mg tab
- Valsartan, Sacubitril 50mg tab
- Valsartan, Sacubitril 100mg tab
- Valsartan, Sacubitril 200mg tab
- Daptomycin 500mg inj*
- Dienogest 2mg tab*
- Dutasteride 0.5mg, Tamsulosin 400mcg cap*
- Ertapenem 1g inj*
- Finasteride 5mg tab*
- Mometasone 0.05% nasal spray*
- Sunitinib 12.5mg tab*
- Sunitinib 25mg tab*
- Sunitinib 37.5mg tab*
- Sunitinib 50mg tab*
- Tadalafil 5mg tab*
- Tadalafil 20mg tab*
- Valganciclovir 450mg tab*

*inclusion dependent on generic utilisation in CY2023

INTERVIEW WITH SPTC MEMBERS

Dr Low Jin Rong

Consultant, Glaucoma Service, Singapore National Eye Centre
Clinical Director, Pharmacy Service, Singapore National Eye Centre



How did you get started in your institution's P & T committee ?

How long have you served ?

I was appointed as Deputy Clinical Director of SNEC Pharmacy in Jan 2022 and became its Clinical Director in Apr 2022. I have served as the Chairman of SNEC Pharmacy and Therapeutics (P&T) committee since Apr 2022, for one and a half years so far.

What does a P & T committee member at your institution do ?

The P&T committee members in our centre advise our staff on all matters related to drugs. We develop, maintain and review the centre's drug formulary; approve new drugs to be added into the drug formulary based on therapeutic merits, safety and cost; address problems on the usage and monitoring of medications including adverse drug reactions; and perform reviews of drug utilization and cost effectiveness to ensure rational drug therapy. We also recommend and develop treatment guidelines for selected drugs in the formulary such as drugs with clinical governance issues, cost implications to institutions and potential adverse drug reactions.

How would you describe your experience ?

My experience as Clinical Director of SNEC Pharmacy and Chairman of SNEC P&T committee has been fulfilling as I had the opportunity to make a significant impact on patients' lives. Together with my team, we have successfully implemented the electronic prescription in SNEC and optimized the home delivery services of medication for patients, therefore reducing their waiting time in the centre, improving their convenience, and enhancing their overall experience of healthcare delivery in SNEC. With the approval of numerous new therapeutic drugs in the SNEC formulary by our P&T committee, our clinicians in SNEC are provided with improved and more extensive pharmacological options to better manage the complexity of eye diseases that we encounter in the centre.



Dr Peter Moey

Deputy Director, Clinical Services, SingHealth Polyclinics

How did you get started in your institution's P & T committee ?

How long have you served ?

In SHP, there are many Workgroups and Committees, including P&T. I was nominated to Head the P&T in 2014.

What does a P & T committee member at your institution do ?

The SHP P&T member composition includes doctors, nurses, pharmacists, and administrators and meet monthly. We advise SHP management on all matters relating to the use of medicines in SHP. We monitor processes relating to medication management and use, study problems and recommend improvements. This includes monitoring and reviewing of medication errors. We monitor medication management and use for cost-effectiveness. We develop and maintain the SHP Formulary for Medicines. We provide multi-disciplinary input in drafting and updating Policies, Procedures and Guidelines as needed for Pharmacy and Therapeutics.

Working in P&T involves working with multiple stakeholders at various levels. Within SHP, we work with various Clinical Workgroups and Clinical Services Department to understand the direction and needs in managing various medical conditions. We work closely with SHP Pharmacy Admin on various issues, such as supply issues, exemption medication, changes in drug subsidies and its impact. We also work with the Quality Management Department on reviewing Medication Errors. We present to SHP Clinical Governance Steering Committee for updates and approvals such as listing and delisting of Medication in Formulary. We also take direction and provide feedback at Cluster Level (SPTC, SingHealth Medication Safety Workgroup) and National Level (National Medication Safety Committee, National P&T) for issues that have a wider impact.

How would you describe your experience ?

The work in P&T has broadened the members' appreciation of multiple issues concerning patient care, including logistics, supply, storage, medication safety, clinical needs, cost, cross-institution medication supply. There are upcoming challenges including increasing supply disruption, National Central Fill Pharmacy implementation and changes in IT systems. We will continue to work towards having good, continual, affordable medication supply and safe medication use in SHP.

INTERVIEW WITH SPTC MEMBERS



Jamie Stephanie

Principal Pharmacist, KK Women's and Children's Hospital

How did you get started in your institution's P & T committee ?

How long have you served ?

I have been a member of the KKH P & T committee for approximately 10 years.

My nomination into the committee stemmed from my role as a Drug Information Pharmacist - where I am responsible for preparing unbiased evaluations of medications requested for formulary inclusion, prepare P & Ps under the purview of the committee, and communicate essential information to the rest of the hospital.

What does a P & T committee member at your institution do ?

The composition of the committee is multidisciplinary i.e., we have physicians from various specialties, nurses, medication safety officers and pharmacists. This brings together the knowledge and expertise of healthcare professionals from different backgrounds, to objectively appraise, evaluate and select drugs to be included into the hospital formulary. The committee ensures that the most cost-effective drug is selected to be listed in the formulary and promotes rational drug use. Evaluation of a medication typically comprises a review of its clinical efficacy and safety (including off-licensed indications, particularly in the obstetric and paediatric setting), potential medication safety issues, estimated usage and price.

How would you describe your experience ?

Being a P & T committee member has been extremely rewarding, as it has provided me with valuable skills in drug evaluation and decision-making. I also have the opportunity to work with and learn from my fellow committee members who have different experiences, which provides me with new and valuable perspectives.



Joey Tan

Head, Pharmacy, SingHealth Community Hospitals

How did you get started in your institution's P & T committee ?

How long have you served ?

SCH P&T committee was first set up in 2018 as part of our institution's quality assurance framework. I have been a member since 2018.

What does a P & T committee member at your institution do ?

The Terms of Reference of SCH P & T committee are:

- To develop and maintain SCH Drug Formulary.
- To review and make informed decisions regarding medication inclusion into and/or exclusion from the formulary based on factors such as evidence-based practice, drugs safety, efficacy and cost.
- To develop and implement policies and guidelines on the use of medicines as necessary.
- To evaluate the methodology of the formulary management at least yearly, and revise if necessary.
- To serve as a platform for review of non-serious reportable medication events.

How would you describe your experience ?

SCH P&T members comprise medical, nursing, pharmacists across our different community hospital sites, plus Office of Patient Safety and Quality representative. What makes our committee unique is its role as a common platform for learning and sharing best practices across our various community hospitals sites. The cross sites collaboration enriches our decision-making process and ensures that our formulary and medication management practices are well informed and safe. Personally, I find great satisfaction in and appreciate the interprofessional collaboration that takes place across sites, as it has contributed to positive patient care.

EDUCATIVE

Rapid Health Technology Assessment Course



Photos from HTA course 2023

SPTC office is working with Changi General Hospital's Health Service Research department and Singapore Clinical Research Institute to conduct a 5th run of course on rapid HTA for hospital decision-making in July 2024. The 2.5 days course will cover essential skills to enable an evidence-based approach to making decisions involving health technologies. It involves didactic lectures, interactive lectures and individual projects for participants.

Session	Date	Time
Introductory and Overview	5 Jul 2024 (Fri)	9 - 12 pm
Day 1	12 Jul 2024 (Fri)	9 - 6 pm
Day 2	19 Jul 2024 (Fri)	9 - 6 pm
Presentation Day	2 Aug 2024 (Fri)	9 - 1 pm

Webinar on Type 2 Diabetes Mellitus



For FY2024, SPTC will be collaborating with MOH's Agency for Care Effectiveness (ACE) to conduct a webinar on type 2 diabetes mellitus (T2DM). To ensure relevancy, we would like to gather your input on topics to be covered in the webinar via a short survey. You may complete the survey by scanning the QR code or go to <https://for.sg/sptcwebinar>

