

Tin liên quan đến dược phẩm chữa trị đại dịch....

Hoai Huong

1.- Công ty Dược phẩm Gilead cho biết chi phí cho một bệnh nhân điều trị 5 ngày có bảo hiểm tư là \$ 3,120.00.

Những bệnh nhân đang có bảo hiểm của chính phủ là \$ 2,340.00 ...

Theo một số nhà chuyên môn thì tổn phí này vẫn rẻ hơn họ dự liệu..

Thật sự mức giá này sẽ còn thay đổi.. Quan trọng là có đúng thuốc chữa trị hiệu quả...

2.- Kết quả khả quan về Hydroxy Chloroquine trên 2541 bệnh nhân. căn cứ trên bài viết của Henry Ford Hospital, Michigan.

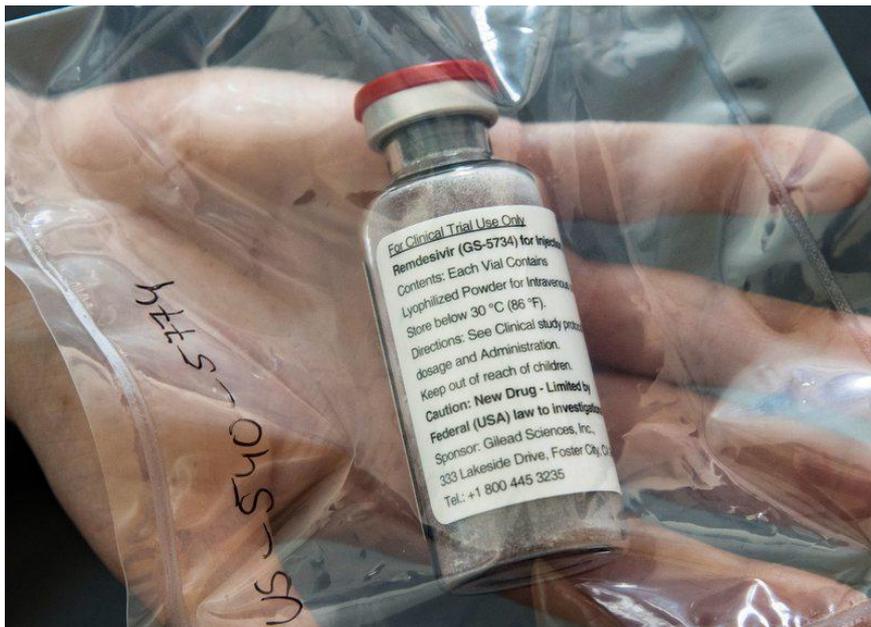
Xin mời Quý Vị theo dõi để tường và tùy nghi thăm định..

BMH ///
Washington, D.C

Remdesivir Priced At More Than \$3,100 For A Course Of Treatment

· · · June 29, 2020 7:39 PM ET

<https://www.npr.org/sections/health-shots/2020/06/29/884648842/remdesivir-priced-at-more-than-3-100-for-a-course-of-treatment>

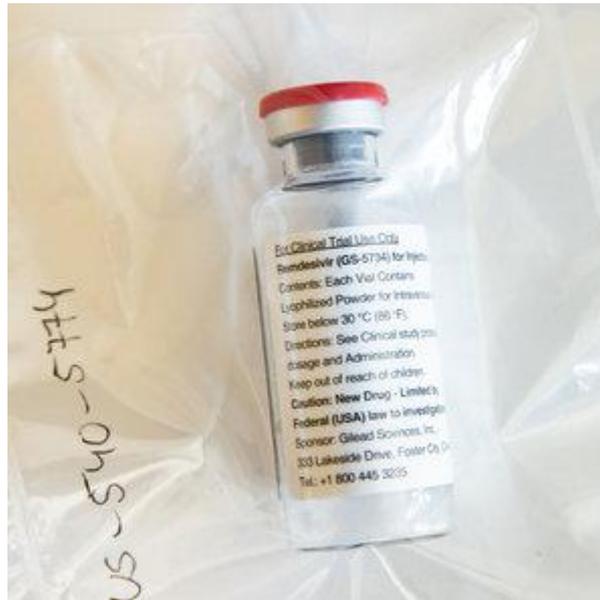


Gilead Sciences, maker of the antiviral drug remdesivir, has come up with a price for the COVID-19 treatment that was less than some analysts expected.

ULRICH PERREY/POOL/AFP via Getty Images

The drugmaker behind the experimental COVID-19 treatment remdesivir has announced how much it will charge for the drug, after months of speculation as the company tried to figure out how to balance profit and public health needs in the middle of a pandemic.

In the United States, Gilead Sciences will charge \$520 per vial for patients with private insurance, with some government programs getting a lower price. With a double-dose the first day, that comes out to \$3,120 for the five-day treatment course. For governments in developed countries outside the U.S., it will cost \$390 per vial, or \$2,340 for the five-day course. How much uninsured patients would pay is still unclear.



[Shots - Health News](#)

[Putting A Price On COVID-19 Treatment Remdesivir](#)

"At the level we have priced remdesivir and with government programs in place, along with additional Gilead assistance as needed, we believe all patients will have access," Gilead CEO Daniel O'Day said in an open letter posted Monday morning. Since then, reaction to the price has been mixed.

Some advocacy organizations and members of Congress say Gilead is taking advantage of Americans during a pandemic.

[Rep. Lloyd Doggett](#), D-Texas, called the price "outrageous."

"Without a taxpayer investment of \$99 million, this drug would have been abandoned. It would be on the scrap heap of failures," he tells NPR. "So it's the taxpayer who's really taking the risk here and ought to get the reward of the [angel investors](#) that taxpayers are."

Public Citizen, a nonprofit consumer advocacy group, echoed his remarks with a similar sentiment.

"In an offensive display of hubris and disregard for the public, Gilead has priced at several thousand dollars a drug that should be in the public domain," [Peter](#)

[Maybarduk](#), director of Public Citizen's Access to Medicines Program said in a written statement.

(In a [quarterly financial filing](#), Gilead said its investment in remdesivir for 2020 alone "could be up to \$1 billion or more," much of that money used to scale up manufacturing capacity.)

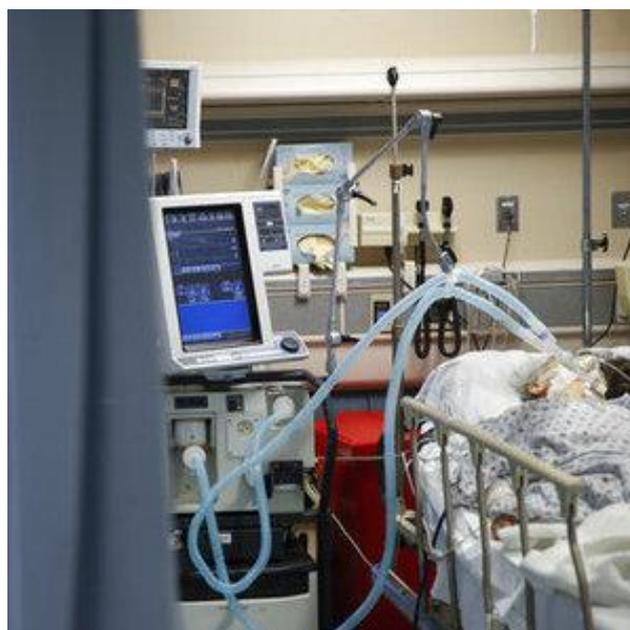
Still, analysts expected Gilead to set a higher price than the company did.

[Geoffrey Porges](#), an analyst at the investment bank SVB Leerink, said the announced price for the drug offers a "spectacularly good value."



[Shots - Health News](#)

[Five Coronavirus Treatments In Development](#)



[Coronavirus Live Updates](#)

[Early Results Show Benefit Of Steroid For Very Sick COVID-19 Patients](#)

"It's unprecedented to price the drug below the medical costs that it's saving," Porges said, adding that remdesivir could save up to \$40,000 per patient, if it prevents a COVID-19 patient from needing the ICU. And there's even more value that's not built into Gilead's price, he says.

"That ignores the enormous societal value that everybody else gets from making a patient less infectious, for getting a patient back into the community, for getting them back to work sooner," Porges said. "All of those societal benefits aren't even considered in this price."

The Institute for Clinical and Economic Review, or [ICER](#), an influential nonprofit that analyzes drug pricing, said Gilead showed "restraint" and set a "responsible" price. That said, ICER President Steven Pearson noted that this reasoning assumes remdesivir will eventually be shown to improve COVID-19 survival — something research hasn't yet proven.

A [federally funded study](#) by the National Institute of Allergy and Infectious Diseases published at the end of April indicated that remdesivir can shorten COVID-19 patients' hospital stays by about four days. But it's unclear whether the drug also improves survival.

"If further data do not show a clear mortality benefit for remdesivir, then the price of the drug should be dramatically reduced," Pearson said in his written statement. The drug price will send a message to companies working on other treatments, vaccines and cures for COVID-19. They have been watching remdesivir closely to find out what kind of reward they might expect for their investments, should their own treatments pan out.

At the announced price, Gilead is still expected to profit from remdesivir sales. That should be encouraging for companies currently investing and developing additional COVID-19 treatments and vaccines.

"Gilead will make a good amount of money selling this product," [Craig Garthwaite](#), who directs the health care program at Northwestern University's Kellogg School of Management, told NPR. "And that's really the return other people have been looking at. In the end, really, the other firms aren't necessarily looking at the price Gilead charges. What they're really looking at is, what is the payoff that they get on their investment? "

Until now, Gilead had been donating doses of remdesivir for use in clinical trials and under the Food and Drug Administration's [emergency use authorization](#) announced in May. The last of the donated supply was distributed by the U.S. Department of Health and Human Services on Monday.

HHS [announced](#) that it has "secured" an additional 500,000 treatment courses for the United States — the majority of remdesivir that Gilead plans to manufacture in July, August and September. Although hospitals and insurers will now be charged for

the drug, the federal government will continue to manage distribution, which had initially been [plagued by confusion](#) when it [began in early May](#). Overall, the price is less than the highest estimates of what it might be, but more than the lowest ones, [Michael Carrier](#), a professor at Rutgers Law School who specializes in antitrust and pharmaceuticals, told NPR.

"Shareholders aren't getting the maximum they wanted but that's to be expected in this environment," he wrote in an email. "With no simple way to determine what a drug is worth, there will always be plenty to debate!"

Kết quả khả quan về Hydroxy Chloroquine trên 2541 bệnh nhân.

BS Phạm Hiếu Liêm Henry Ford Hospital, Michigan.

Thưa các anh chị

Ngay lúc khởi đầu Pandemic Covid 19, khi thấy các bác sĩ bên Đại Hàn, Pháp, và Trung Hoa sử dụng Hydroxy Chloroquine để trị pandemic Covid 19 thì nhiều lãnh đạo Hoa Kỳ và bác sĩ Hoa Kỳ tỏ ý định muốn dùng thuốc này vì thuốc đã được sử dụng 30-6- năm nay rồi, thuốc không còn patent nữa nên sản xuất có vài dollars cho liều thuốc mỗi bệnh nhân để sử dụng hữu hiệu cho tất cả mọi người mà không tốn kém gì nhiều.

Trong số các người lãnh đạo này có TT Trump.

Mặc dầu có rất nhiều bác sĩ và y tá trong mấy tháng qua đã dùng thuốc này để tự điều trị, phòng ngừa và điều trị các bệnh nhân của họ với kết quả khả quan, TT Trump vẫn bị chế giễu bởi các chức sắc Y Khoa trong chính phủ và tại các trường Đại Học là không biết gì, là ngu si, mà mở miệng ra khuyến cáo dùng thuốc này để trị bệnh.

Tại Sao vậy

Vì họ cấu kết với các giới tài phiệt trong ngành Dược Khoa sản xuất thuốc để bán thuốc mới.

Và họ đã thành công.

Chính phủ hoa Kỳ vì lo cho tính mạng của dân chúng , đã phải mua tất cả các lô thuốc Remdesivir với giá tiền là 3,000\$ cho mỗi bệnh nhân (so sánh với dưới 10\$) .

Các cơ quan như CDC kể cả ông BS Fauci trường ngành Truyền nhiễm Hoa Kỳ , ngưng lại tất cả các điều trị dùng Hydroxy Chloroquine tại các bệnh viện công cộng và khuyên các bác sĩ tư không nên dùng thuốc này nữa, vì quá nguy hiểm cho Tim, nên chờ đợi bao giờ Remdesivir được sản xuất và phân phát ra hãy dùng .

Ngày hôm qua, Bệnh Viên Henry Ford Hospital với trụ sở tại Detroit, Michigan, công bố kết quả 1 công trình y khoa của họ , điều trị 2541 bệnh nhân bị Covid19 trong vòng 2 tháng .

Bệnh viện Henry Ford Hospital không phải như các bệnh viện khác, họ gồm có tất cả 6 bệnh viện , họ có ngân quỹ trên 6,000,000,000 \$ (6 ngàn triệu dollars) , mỗi năm họ bỏ ra trên 100 triệu dollars về khảo cứu.

Tôi rất thích đọc tin này, vì trên phương diện cá nhân, khi tôi làm residency Hậu Đại Học tại Michigan 44 năm về trước, thì tôi có được ông giáo sư cử tôi đi làm việc tại Henry Ford Hospital 3 tháng vì bệnh viện này có nhiều bệnh hiểm nghèo hơn nơi tôi tu nghiệp.

Các bác sĩ của họ là các bậc danh sư tại Hoa Kỳ và thế giới.

Lâu nay, mọi người bị đe dọa là cứ dùng việc sử dụng Hydroxy Chloroquine thì bệnh nhân sẽ chết về đứng tim.

Hết tất cả các bệnh nhân dùng thuốc này tại Henry Ford Hospital đều được theo dõi tim bằng EKG hàng ngày.

Không có người nào tại Henry Ford bị đứng tim hay bất cứ triệu chứng tim nào nguy hiểm khác cả

So much for the dire warning and most important advice NOT to use Hydroxy Chloroquine. Where are Thou, fearmongers ?

*Trong các bệnh nhân được điều trị với Hydroxy Chloroquine thì có 13% người tử vong, so sánh với 26.4% các bệnh nhân không điều trị * (kết quả khả quan vì hơn 50% tốt hơn, không chết)*

Tuy rằng nhiều chức sắc y khoa nói là Hydroxy Chloroquine không có ảnh hưởng gì khi dùng để phòng ngừa Covid19, nhưng Henry Ford Hospital cũng vẫn sắp sửa khởi đầu 1 công trình với sử dụng thuốc này để phòng ngừa / Prevention.

Tại sao?

Vì các máy chục ngàn bác sĩ và Y tá, trong 5 tháng qua, đã dùng thuốc này để phòng ngừa, và số người bị test Covid 19 positive rất nhỏ bé, và không có phức tạp là có người nào chết trong số các bác sĩ và y tá dùng thuốc này để phòng ngừa cả.

Cá nhân tôi thử test Covid 19 hai lần rồi, cả hai lần đều negative, tuy nhiên vợ chồng tôi có sẵn sàng Hydroxy Chloroquine trong nhà để dùng khi cần thiết (mong là không bao giờ phải dùng cả).

Tác giả bài viết này nhấn mạnh là kết quả kể trên dựa trên cách điều trị các bệnh nhân nằm trong bệnh viện mà thôi.

Kết quả không nhất thiết giống như vậy với các bệnh nhân điều trị tại phòng mạch, ngoại chấn.

Cám ơn bác sĩ Phạm Hiếu Liêm đã gửi cho link vào công trình khảo cứu của Henry Ford Hospital

Rất thân mến

Nguyễn Thượng Vũ

*Bài viết này được đăng hôm qua trong tờ báo danh tiếng nhất Hoa Kỳ về bệnh Truyền Nhiễm
the International Journal of Infectious Diseases*

Treatment with Hydroxychloroquine Cut Death Rate Significantly in COVID-19 Patients, Henry Ford Health System Study Shows
<https://www.henryford.com/news/2020/07/hydro-treatment-study>

July 02, 2020

DETROIT – Treatment with hydroxychloroquine cut the death rate significantly in sick patients hospitalized with COVID-19 – and without heart-related side-effects, according to a new study published by Henry Ford Health System.

In a large-scale retrospective analysis of 2,541 patients hospitalized between March 10 and May 2, 2020 across the system’s six hospitals, the study found 13% of those treated with hydroxychloroquine alone died compared to 26.4% not treated with hydroxychloroquine.

None of the patients had documented serious heart abnormalities; however, patients were monitored for a heart condition routinely pointed to as a reason to avoid the drug as a treatment for COVID-19.

The study was published today in the International Journal of Infectious Diseases, the peer-reviewed, open-access online publication of the International Society of Infectious Diseases (ISID.org).

Patients treated with hydroxychloroquine at Henry Ford met specific protocol criteria as outlined by the hospital system’s Division of Infectious Diseases.

The vast majority received the drug soon after admission; 82% within 24 hours and 91% within 48 hours of admission. All patients in the study were 18 or over with a median age of 64 years; 51% were men and 56% African American.

“ The findings have been highly analyzed and peer-reviewed,” said Dr. Marcus Zervos, division head of Infectious Disease for Henry Ford Health System, who co-authored the study with Henry Ford epidemiologist Dr. Samia Arshad.

“We attribute our findings that differ from other studies to early treatment, and part of a combination of interventions that were done in supportive care of patients, including careful cardiac monitoring.

Our dosing also differed from other studies not showing a benefit of the drug. And other studies are either not peer reviewed, have limited numbers of patients, different patient populations or other differences from our patients.”

Zervos said the potential for a surge in the fall or sooner, and infections continuing worldwide, show an urgency to identifying inexpensive and effective therapies and preventions.

“We’re glad to add to the scientific knowledge base on the role and how best to use therapies as we work around the world to provide insight,” he said.

“Considered in the context of current studies on the use of hydroxychloroquine for COVID-19, our results suggest that the drug may have an important role to play in reducing COVID-19 mortality.”

The study also found those treated with azithromycin alone or a combination of hydroxychloroquine and azithromycin also fared slightly better than those not treated with the drugs, according to the Henry Ford data.

The analysis found 22.4% of those treated only with azithromycin died, and 20.1% treated with a combination of azithromycin and hydroxychloroquine died, compared to 26.4% of patients dying who were not treated with either medication.

“Our analysis shows that using hydroxychloroquine helped save lives,” said neurosurgeon Dr. Steven Kalkanis, CEO, Henry Ford Medical Group and Senior Vice President and Chief Academic Officer of Henry Ford Health System.

“As doctors and scientists, we look to the data for insight. And the data here is clear that there was benefit to using the drug as a treatment for sick, hospitalized patients.”

Overall, hospital system patients in the study experienced an 18.1% in-hospital mortality rate. Regardless of treatment, mortality was highest in:

- Patients older than 65,*
- Patients who identified as Caucasian,*
- Patients admitted with reduced oxygen levels,*
- Patients who required ICU admission.*

Patients who died commonly had serious underlying diseases, including chronic kidney and lung disease, with 88% dying from respiratory failure.

Globally, the overall mortality from SARS-COV-2 is estimated to be approximately 6% to 7%, with mortality in hospitalized patients ranging between 10% and 30%, according to the study.

Mortality as high as 58% has been seen among patients requiring ICU care and mechanical ventilation.

According to the U.S. Centers for Disease Control & Prevention, hydroxychloroquine (also known as hydroxychloroquine sulfate) is a U.S. Food & Drug Administration (FDA)-approved arthritis medicine that also can be used to prevent or treat malaria.

It is available in the United States by prescription only.

The drug is sold under the brand name Plaquenil and it is also sold as a generic medicine. It is commonly used by patients with arthritis, lupus or other rheumatic

conditions.

Dr. Zervos also pointed out, as does the paper, that the study results should be interpreted with some caution, should not be applied to patients treated outside of hospital settings and require further confirmation in prospective, randomized controlled trials that rigorously evaluate the safety and efficacy of hydroxychloroquine therapy for COVID-19.

“Currently, the drug should be used only in hospitalized patients with appropriate monitoring, and as part of study protocols, in accordance with all relevant federal regulations,” Dr. Zervos said.

Henry Ford Health System, as one of the region’s major academic medical centers with more than \$100 million in annual research funding, is involved in numerous COVID-19 trials with national and international partners.

Henry Ford Health System is currently also involved in a prophylactic hydroxychloroquine study:

“Will Hydroxychloroquine Impede or Prevent COVID-19,” or WHIP COVID-19.

The study is a 3,000-person, randomized, double-blinded look at whether hydroxychloroquine prevents healthcare and frontline workers from contracting the COVID-19 virus.

The WHIP COVID-19 team is working on expanding study sites while there is a lull in the number of COVID-19 cases in Southeast Michigan. This is in preparation for a potential increase of COVID-19 cases as Fall flu season approaches, with additional sites available for convenient enrollment of healthcare workers and first responders.

The WHIP COVID-19 team is also taking this gift of time to reach out to other areas of the world that are seeing a blossoming of cases: Brazil and Argentina. There are currently 619 people enrolled in the study, out of a target of 3,000.

About Henry Ford Health System:

Under the leadership of President and CEO Wright L. Lassiter, III, Henry Ford Health System is a \$6.5 billion integrated health system comprised of six hospitals, a health plan, and 250+ sites including medical centers, walk-in and urgent care clinics, pharmacy, eye care facilities and other healthcare retail. Established in 1915 by auto industry pioneer Henry Ford, the health system now has 32,000 employees and remains home to the 1,900-member Henry Ford Medical Group, one of the nation’s oldest physician groups. An additional 2,200 physicians are also affiliated with the health system through the Henry Ford Physician Network. An active participant in medical education and training, the health system has trained nearly 40% of physicians currently practicing in the state and also provides education and training for other health professionals including nurses, pharmacists, radiology and respiratory technicians.