中華人民共和國香港特別行政區政府總部食物及衞生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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14 July 2014

Ms Maisie LAM
Clerk to Panel
Legislative Council Panel on Health Services
Legislative Council Complex
1, Legislative Council Road
Central;
(Fax: 2509 0775)

Dear Ms Lam,

Hospital Authority Drug Formulary and the Samaritan Fund

I refer to item 8 of LC Paper No. CB(2)1754/13-14(02) (Revised). At the Panel meeting on 17 March 2014, the Administration was requested to provide supplementary information in relation to the Hospital Authority Drug Formulary and the Samaritan Fund. The requested supplementary information is provided at **Annex**.

Yours sincerely,

(Cedric CHENG)
for Secretary for Food and Health

c.c. Hospital Authority (Attn.: Dr W L CHEUNG)

Annex

Administration's Response to Follow-up to the meeting of the Panel on Health Services on 17 March 2014 on matters related to the Hospital Authority Drug Formulary and the Samaritan Fund

Item (a)

Outcomes of the cost-effectiveness studies on individual drugs as measured by the quality-adjusted life years conducted by the Drug Management Committee and the then Drug Utilization Review Committee since the introduction of the HA Drug Formulary in 2005, including the findings of those overseas studies to which the Committees had made reference.

Administration's response

Cost-effectiveness is only one of the factors considered when reviewing whether a drug should be included in the Hospital Authority Drug Formulary. Other factors which will also be considered include international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, impacts on healthcare costs and views of professionals and patient groups. In general, Hospital Authority (HA) has made reference to the National Institute for Health and Care Excellence (NICE), UK[1] for consideration of the cost-effectiveness of some self-financed drugs under review.

The table below sets out the list of self-financed drugs with safety net coverage in the HA Drug Formulary, their respective clinical indications and their reference incremental cost-effectiveness ratio (ICER) suggested by NICE for similar indications. A lower ICER indicates a more favourable cost-effectiveness of a drug.

Drug	Indication	ICER suggested by NICE (£GBP / Quality-Adjusted Life Years (QALY))
Abatacept	Rheumatoid arthritis	Less than £30,000
Adalimumab	Crohn's disease	£7,478
	Rheumatoid arthritis	£30,200 - £41,500
	Ankylosing spondylitis	£22,000 - £31,000

[1] http://guidance.nice.org.uk/TA/Published

Drug	Indication	ICER suggested by NICE (£GBP / Quality-Adjusted Life Years (QALY))
	Psoriatic arthritis	N/A[1]
	Psoriasis	£36,700
Bortezomib	Multiple myeloma	£20,700 - £38,000
Dasatinib	Acute lymphoblastic leukaemia	N/A[1]
	Chronic myeloid leukaemia	£43,800 - over £200,000
Erlotinib	Non small cell lung cancer	£52,100
Etanercept	Rheumatoid arthritis	£24,400 - £24,600
	Ankylosing spondylitis	£22,000 - £31,000
	Juvenile idiopathic arthritis	£15,000 - £30,000
	Psoriatic arthritis	£17,853
	Psoriasis	£14,460 - £65,320
Fingolimod	Multiple sclerosis	£17,275 - £35,000
Gefitinib	Non small cell lung cancer	N/A[1]
Golimumab	Rheumatoid arthritis	£25,000 - £28,000
	Ankylosing spondylitis	£26,954
	Psoriatic arthritis	£24,000 - £45,000
Imatinib	Acute lymphoblastic leukaemia	N/A[1]
	Chronic myeloid leukaemia	£26,000 - £87,000
	GI stromal cancer	£32,000 - £41,000
Infliximab	Crohn's disease	£30,300 - £67,619
	Rheumatoid arthritis	£39,400
	Ankylosing spondylitis	£49,000 - £65,000
	Psoriatic arthritis	£44,326
	Psoriasis	£35,000 - £77,000
Interferon	Chronic granulomatous disease	N/A[1]
Lenalidomide	Multiple myeloma	£41,300 - £43,800
Nilotinib	Chronic myeloid leukaemia	£31,300 - £36,000
Rituximab	Rheumatoid arthritis	£20,000 - £30,000
	Non-Hodgkin's lymphoma	£7,500 - £35,000
	Chronic lymphocytic leukaemia	£20,000 - £30,000
Temozolomide	High grade glioma	N/A[1]
	Glioblastoma multiforme	£35,800

Drug	Indication	ICER suggested by NICE (£GBP / Quality-Adjusted Life Years (QALY))
Tocilizumab	Rheumatoid arthritis	£10,700 - £30,100
	Juvenile idiopathic arthritis	£16,923 - £18,194
Trastuzumab	Breast cancer	£19,000 - £37,500
Ustekinumab	Psoriasis	£27,100 - £300,000

Note:
(1) Cost-effectiveness of these drugs is not assessed nor quoted by NICE.

Item (b)
A breakdown by the types of rare disease identified by the World Health Organization of the number of patients receiving treatments in HA who were suffering from rare diseases and the drugs and/or treatment provided to these patients.

Administration's response

The World Health Organization (WHO) does not provide a definition on rare disease and there is no common definition worldwide. The interpretation varies among countries, given the different characteristics of their respective health systems and situations. HA manages uncommon disorders by putting in place an independent expert panel to assess the suitability of individual patients for receiving enzyme replacement therapy (ERT) and the efficacy of such treatment for six lysosomal storage disorders (LSD) (i.e. Pompe, Fabry's, Gaucher, Mucopolysaccharidosis (MPS) Types I / II / VI). The assessment by the expert panel is based on established treatment guidelines specifically formulated for the diseases, having regard to the patients' clinical conditions and making reference to overseas treatment guidelines and the latest available clinical evidence.

The following table sets out the data on ERT drug treatment for patients of the six LSD since establishment of the expert panel in December 2007 :

LSD	ERT Drug Treatment	No. of Cases reviewed by expert panel	No. of approved cases	No. of HA patients still using ERT as at 31 December 2013
Pompe	Alglucosidase alfa	11	9	8
Fabry's	Agalsidase beta	3	3	3
Gaucher	Imiglucerase	2	2	2

LSD	ERT Drug Treatment	No. of Cases reviewed by expert panel	No. of approved cases	No. of HA patients still using ERT as at 31 December 2013
Mucopolysaccharidosis (Type I)	Laronidase	3	3	2
Mucopolysaccharidosis (Type II)	Idursulfase	4	2	0
Mucopolysaccharidosis (Type VI)	Galsulfase	4	3	2
Total	---	**27**	**22**	**17**

Item (c)
The number of resected colon cancer patients receiving treatments in HA who had to purchase Oxaliplatin at their own expenses before the drug was repositioned as Special Drug in the HA Drug Formulary in April 2012.

Administration's response

The following table sets out the unique headcount of patients (i.e. the same patient with repeated episodes of dispensing will be counted once only) who purchased Oxaliplatin as a self-financed item from HA before its introduction to the HA Drug Formulary as a Special Drug in April 2012:

Year	Unique HA Patient Headcount *
2010-11	1,104
2011-12	1,422

* Note: Oxaliplatin has multiple clinical indications, including colon cancer, and the above figures include the drug use on all clinical indications.

Item (d)

Whether the prescription of drugs for patients suffering from the same disease and with similar clinical conditions would vary among different hospital clusters due to the difference in resources available for individual hospital clusters to purchase drugs.

Administration's response

HA implements the Drug Formulary with a view to ensuring equitable access by patients to cost-effective drugs with proven safety and efficacy by standardizing the drug policy and drug utilization in HA. There are currently around 1,300 drugs in the HA Drug Formulary which are proven efficacious and safe for treating different diseases. Since not all hospitals provide exactly the same range of clinical services, mechanisms are in place for public hospitals to formulate their local drug formulary by selecting suitable drugs from the HA Drug Formulary in light of service needs. HA clinicians will prescribe suitable treatments having regard to patients' clinical needs and established clinical guidelines. The financial position of hospital clusters would not affect the prescription of appropriate treatment for patients.