



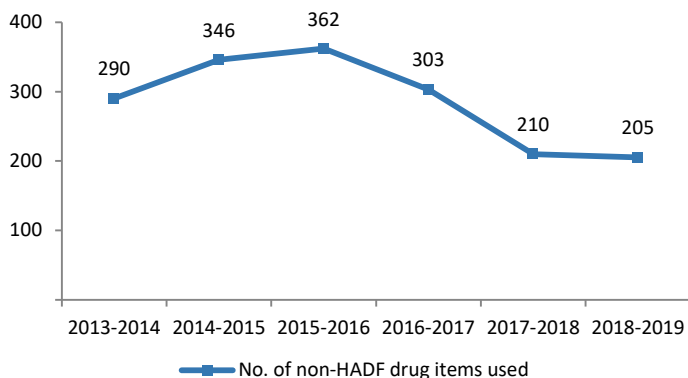
## Hospital Authority Drug Formulary

**Figure 1 — Number of drugs in HADF<sup>(1)</sup>**

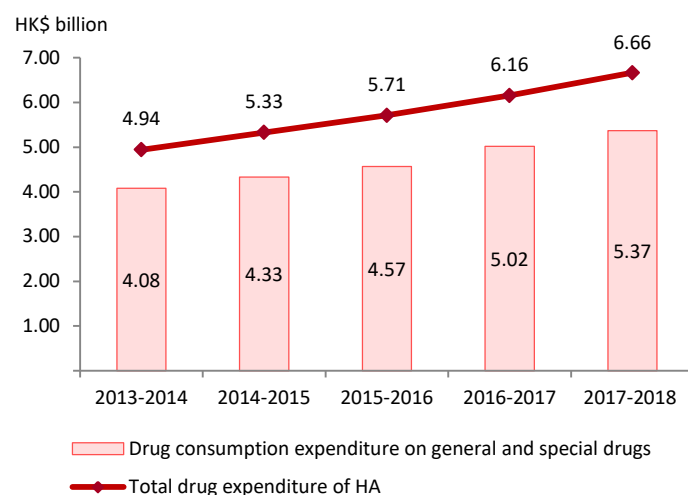
	2017	2018	2019
<b>Subsidized drugs provided at standard fees and charges</b>			
- General drugs	869	824	880
- Special drugs <sup>(2)</sup>	360	363	372
<b>Self-financed drugs</b>			
- Self-financed items without safety net	71	68	75
- Items covered by SF	26	29	33
- Items supported by the CCF Medical Assistance Programmes	13	17	20
<b>Total<sup>(3)</sup></b>	<b>1 339</b>	<b>1 301</b>	<b>1 380</b>

Notes: (1) Figures are as at January of each year.  
 (2) Special drugs are used under specific clinical conditions with specific specialist authorization. Patients who do not meet specified clinical conditions but choose to use these drugs have to pay for the drugs.  
 (3) A drug may fall in more than one category in HADF due to different therapeutic indications or dose presentations.

**Figure 2 — Number of non-HADF drug items used**



**Figure 3 — Drug expenditure**



### Highlights

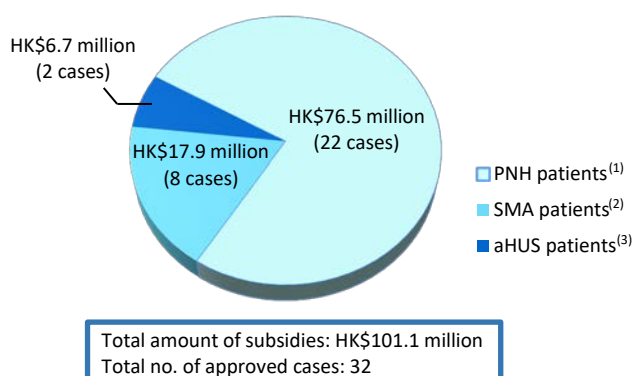
- The Hospital Authority ("HA") has implemented the Drug Formulary ("HADF") since July 2005 to ensure patients' equitable access to cost-effective drugs of proven safety and efficacy. In January 2019, there were 1 380 drug items in HADF, up from 1 339 in January 2017 (**Figure 1**), representing a net increase of 41 drug items. Nevertheless, stakeholders are concerned about the limited drug coverage of HADF, slow process for reviewing and incorporating new drugs, particularly drugs for treating cancers and uncommon disorders, and the inadequacy of the financial assistance. Since 2018, HA has increased the frequency of prioritization exercise for including self-financed drugs under the financial assistance programmes, i.e. the Samaritan Fund ("SF") and the Community Care Fund ("CCF") Medical Assistance Programmes, from once a year to twice a year. With this enhancement, it is expected that the lead time for including suitable new drugs in the safety net will be shortened.
- Apart from drug items in HADF, HA has all along been using drugs outside HADF to cater for the clinical needs of individual patients in exceptional situations such as life-threatening situations. In view of the recommendations of the Audit Commission in 2016, HA has improved the mechanism for monitoring and reviewing the usage of non-HADF drugs, and evaluating the need for continual use. Since then, the number of non-HADF drugs used had gradually declined to 205 in 2018-2019 (**Figure 2**). According to the Government, some of the removed drugs were approved for inclusion in HADF for equitable access by all patients.
- In recent years, annual total drug expenditure had accounted for about 10% of the annual total expenditure of HA. In terms of dollar amount, total drug expenditure had risen from HK\$4.94 billion in 2013-2014 to HK\$6.66 billion in 2017-2018 (**Figure 3**). In 2017-2018, drug consumption expenditure on general and special drugs in HADF, which were provided at standard fees and charges, amounted to HK\$5.37 billion, representing about 81% of the total drug expenditure of HA. The remaining 19% of drug expenditure was in relation to items such as self-financed drugs, drugs outside HADF and medical supplies.

## Hospital Authority Drug Formulary (cont'd)

**Figure 4 — Subsidies on self-financed drugs**

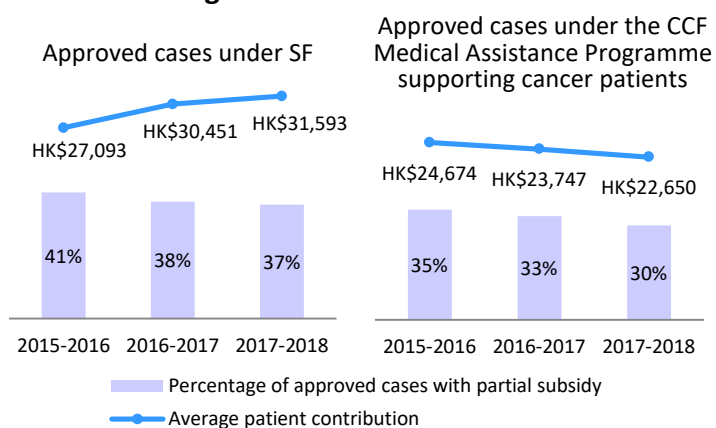
	2013-2014	2017-2018
<b>Subsidies on self-financed drugs covered by SF</b>		
- No. of approved cases	2 027	2 384
- Total amount granted	HK\$280 million	HK\$332 million
- Average amount per case	HK\$138,000	HK\$139,000
<b>Subsidies on self-financed cancer drugs covered by the CCF Medical Assistance Programme</b>		
- No. of approved cases	1 366	2 012
- Total amount granted	HK\$135 million	HK\$169 million
- Average amount per case	HK\$99,000	HK\$84,000

**Figure 5 — Subsidies granted under the CCF Ultra-expensive Drugs Programme between August 2017 and July 2019**



Notes: (1) "PNH" refers to Paroxysmal Nocturnal Haemoglobinuria.  
 (2) "SMA" refers to Spinal Muscular Atrophy.  
 (3) "aHUS" refers to Atypical Haemolytic Uraemic Syndrome.

**Figure 6 — Patients' contribution to self-financed drug items**



## Highlights

- With more self-financed drug items covered under SF and the CCF Medical Assistance Programmes in recent years (Figure 1), the annual number of approved cases and total amount of subsidies granted under the two programmes had increased (Figure 4). For the subsidies granted under SF, the average amount per approved case was about HK\$139,000 in 2017-2018, staying at a similar level as in 2013-2014. As for the CCF Medical Assistance Programme for cancer patients, the average amount of subsidy granted per approved case was about HK\$84,000 in 2017-2018, down from HK\$99,000 in 2013-2014.
- Between August 2017 and July 2019, a total of 32 cases were approved under the CCF Ultra-expensive Drugs Programme supporting patients with three designated clinical indications (Figure 5). Total subsidies granted under the Programme amounted to HK\$101.1 million, representing an average subsidy of HK\$3.2 million per approved case. Recently, the coverage of the programme has been expanded to include one more clinical indication.
- While on a decreasing trend, in 2017-2018, 37% and 30% of the patients supported under SF and the CCF Medical Assistance Programme for cancer patients respectively still had to bear part of the drug costs. The average amount of annual contributions per approved case amounted to HK\$31,593 and HK\$22,650 respectively (Figure 6).
- In order to alleviate the financial burden of patients, the Government has since early 2019 enhanced the means test mechanism for the financial assistance programmes, such as modifying the calculation of annual disposable financial resources by counting only 50% of the patients' household net assets. It is estimated that around 1 005 existing applicants will contribute less for purchasing self-financed drugs in each year and that total annual drug subsidies will increase by about HK\$210 million, assuming that the number of new applicants who may receive partial subsidy will increase by 30% after implementation of the enhancement measures.

Data sources: Latest figures from Audit Commission, Food and Health Bureau and Hospital Authority.

Research Office  
 Information Services Division  
 Legislative Council Secretariat  
 2 October 2019  
 Tel: 2871 2122

Statistical Highlights are compiled for Members and Committees of the Legislative Council. They are not legal or other professional advice and shall not be relied on as such. Statistical Highlights are subject to copyright owned by The Legislative Council Commission (The Commission). The Commission permits accurate reproduction of Statistical Highlights for non-commercial use in a manner not adversely affecting the Legislative Council, provided that acknowledgement is made stating the Research Office of the Legislative Council Secretariat as the source and one copy of the reproduction is sent to the Legislative Council Library. The paper number of this issue of Statistical Highlights is ISSH35/18-19.