



中華人民共和國香港特別行政區政府總部食物及衛生局
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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1 December 2017

Ms Maise LAM
Clerk to Panel
Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central
(Fax: 2185 7845)

Dear Ms Lam,

Panel on Health Services
Follow-up to the meeting on 19 December 2016

During the discussion on Drug Management of the Hospital Authority (“HA”) at the meeting of the Legislative Council Panel on Health Services held on 19 December 2016, Members requested supplementary information relating to the arrangement to provide Eculizumab for patients with paroxysmal nocturnal haemoglobinuria and the Hospital Authority Drug Formulary (“HADF”). Having consulted the HA, the requested supplementary information is provided in the ensuing paragraphs.

(a) *the progress of HA's liaison with the manufacturer on the arrangement to provide Eculizumab for patients with paroxysmal nocturnal haemoglobinuria*

2. The discussion between the HA and the concerned drug company on the content of the risk sharing programme has been concluded. The

Government and the HA have rolled out a Community Care Fund Programme – “*Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)*” on 1 August 2017 to provide patients with subsidy to purchase ultra-expensive drugs. Eculizumab for treatment of Paroxysmal Nocturnal Haemoglobinuria (PNH) is included in the Programme for suitable patients. It is estimated that about 10 to 16 patients with PNH will apply for subsidy under the Programme to use Eculizumab in the first 12 months. As at 31 October 2017, there were eight cases referred by doctors for application for CCF assistance. Six cases have been approved while the other two cases were being processed.

(b) the details on how individual public hospitals and clinics would formulate their local drug formularies according to the clinical needs of their patients.

3. The coverage of the HADF is driven by clinical service needs. All applications for new drug listing would be initiated by HA clinicians and submitted to HA’s Drug Advisory Committee (“DAC”) via their respective Cluster/Hospital Drug and Therapeutics Committee (“DTC”). DAC would evaluate all new drug applications according to established principles and considerations and advise if individual drugs should be covered by the HADF, and hospitals/clinics would select, via their respective Cluster/Hospital DTC, suitable drugs from the HADF to formulate their local drug formularies in order to cater for the service needs of the patient population in their catchment area. Currently, there are around 1 300 drugs in the HADF which offers sufficient choices of drugs to cover all types of diseases.

(c) the differences in the local drug formularies of different public hospitals and clinics for treating patients with some common chronic diseases such as diabetes mellitus and hypertension.

4. Public hospitals/clinics in Hong Kong differ in size, nature and services provided for patient population in their respective catchment area (e.g. acute vs convalescent/rehabilitation hospitals, general vs psychiatric hospitals, and, general vs specialist outpatient clinics). Hospitals/clinics would select, via their respective Cluster/Hospital DTC,

suitable drugs from the HADF to formulate their local drug formularies in order to cater for their specific service needs.

5. Moreover, patients having the same disease may be at different stages and vary in their disease complexity (e.g. for hypertension or diabetes mellitus (DM), patients may be in stable or unstable conditions and vary in co-morbidity complexity and complications). It is clinically not uncommon for a drug to be indicated for use in more than one disease, and there is usually more than one drug available in the HADF for treating the same disease. Clinicians would prescribe appropriate drug treatments based on their clinical expertise and professional judgment, taking into consideration the clinical conditions of individual patients. The use of drugs on different patients having the same disease may therefore be different (e.g. DM patients may take single oral drug for mild conditions vs combination drugs/injections for complicated conditions).

Yours sincerely,



(Clarissa Wan)

for Secretary for Food and Health

c.c. Chief Executive, Hospital Authority
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