



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
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13 December 2018

Ms Maisie Lam
Clerk to Panel
Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central

Dear Ms Lam,

Panel on Health Services
Follow-up to the meeting on 19 June 2018

During the discussion on the Update on Samaritan Fund and Community Care Fund Medical Assistance Programmes at the meeting of the Legislative Council Panel on Health Services held on 19 June 2018, Members requested supplementary information relating to the Hospital Authority Drug Formulary (HADF) and drug subsidy. Having consulted the Hospital Authority (HA), the requested supplementary information is provided in the ensuing paragraphs.

(I) The processes in respect of regular reviews of and new drug listing on the HA Drug Formulary and the time required of for each process (with the aid of a flowchart)

2. HA has an established mechanism for regular appraisal of new drugs and review of its HADF and the coverage of its safety net. The process follows an evidence-based approach, having regard to the safety, efficacy and cost-effectiveness of drugs and taking into account other relevant considerations, including international recommendations and practices as well as professional

New Drug Listing on the HADF

3. HA clinicians would submit new drug applications, which are based on clinical service needs, to the HA Drug Advisory Committee (DAC) via their respective Chief of Service and the Cluster / Hospital Drug & Therapeutics Committee for consideration of listing on the HADF. Subject to completion of new drug submission formalities and availability of all relevant clinical data and information, the DAC would complete the appraisal of a new drug within three months. Appraisal of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics. The DAC holds meetings to review and evaluate all new drug applications every three months (January, April, July and October). Approved new drugs would be listed on the HADF within three months. A flow chart on the process of inclusion of new drugs on the HADF is at **Annex A**.

Regular Review of the HADF

4. To keep clinical practice and drug use in sync with medical technology advancements and the latest scientific evidence, HA has an established mechanism to conduct biennial comprehensive review of the existing drug list and prescribing indications in the HADF. The HA Drug Formulary Committee (DFC), with the support of multiple Expert Panels, is tasked to review the current drug list on the HADF. Other corporate drug committees would come into play when the change involves significant budget impact or prioritization for safety net coverage. The comprehensive biennial review of the HADF would start in the fourth quarter of alternate years and would be completed in around 6 months. Once the review is completed, the HADF would be updated in the second quarter of the coming year.

5. For inclusion of self-financed drugs in the safety net, the HA Drug Management Committee (DMC) would call for proposal submissions from clinicians in the second and fourth quarters of each year, and conduct the prioritisation exercise twice a year. After review, the list of self-financed drugs prioritised for inclusion in the safety net will undergo the requisite governance deliberations. The Medical Services Development Committee under the HA Board and the Commission on Poverty (CoP) will consider and approve for including suitable self-financed drugs under the coverage of the Samaritan Fund and the Community Care Fund (CCF) Medical Assistance Programmes respectively. The entire process takes around 6 months and the HADF would be updated accordingly. A flow

chart illustrating the process of inclusion of self-financed drugs in the safety net is at **Annex B**.

(II) Whether, and if so, when the self-financed drug Trastuzumab emtansine (also known as "T-DM1") would be included in the coverage of the safety net for treatment of HER2-positive advanced breast cancer

6. Currently, Trastuzumab Emtansine is a self-financed drug on the HADF for treatment of HER2-positive advanced breast cancer. HA is in the process of applying to CCF Task Force and the CoP for inclusion of this drug in the CCF Medical Assistance Programme (First Phase Programme). Subject to the necessary approval to be obtained, HA expects the drug to be covered by the Programme in the first quarter of 2019.

7. HA understands the financial pressure and economic burden on cancer patients, as well as their strong aspiration for listing certain new drugs on the HADF and including self-financed items in the safety net. Our clinicians would review cancer treatments, including the use of different drug therapies, in an evidence-based approach and would submit proposals for consideration of listing suitable self-financed drugs in the safety net. To provide more timely support for needy patients, HA has, since 2018, increased the frequency of prioritisation for including self-financed drugs in the safety net from once to twice a year so as to shorten the lead time for introducing suitable new drugs to the safety net. HA will also liaise with individual pharmaceutical companies from time to time on setting up risk sharing programmes for certain suitable self-financed drugs with a view to facilitating patients' early access to specific drug treatments.

8. HA will continue to keep abreast of the latest development of clinical and scientific evidence and follow the principle of rational use of limited public resources to review the HADF under the established mechanism and to include suitable self-financed drugs as special drugs or under the coverage of the safety net so as to benefit more patients in need.

drugs currently covered by the Samaritan Fund and the Community Care Fund Medical Assistance Programmes

9. Rapid medical technological advances have brought in many new drugs to the market every year and market dynamics would affect the pricing strategies of different pharmaceutical companies. The clinical management of different diseases also evolves over time and may affect clinicians' choice of appropriate drug treatments for individual patients. Besides, the clinical conditions and response to drug treatment differ among patients, hence the number of treatment cycles and treatment duration cannot be predicted. Furthermore, treatment behaviour may change along with shift of responsibility for healthcare cost and continuous extension of line treatment may augment the actual treatment cost by multiple folds. In light of the above, HA is unable to provide the estimated amount of additional expenditure involved for situations where HA would subsidize 80%, 90% or 100% of patients' out-of-pocket expenses to purchase those self-financed drugs currently covered by the Samaritan Fund and the Community Care Fund Medical Assistance Programmes for all public hospital patients.

Yours sincerely,

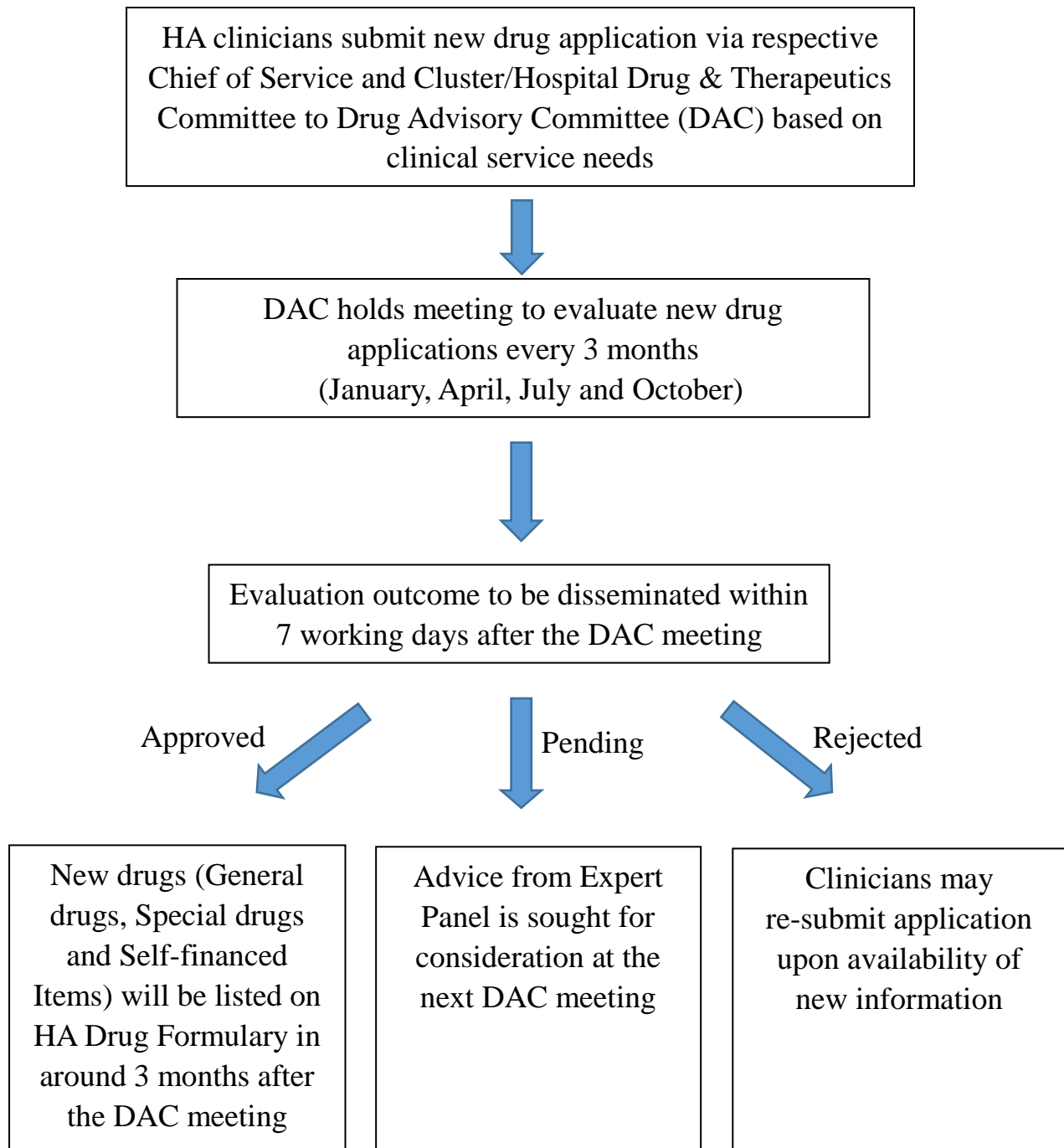


(Jonathan Chiu)

for Secretary for Food and Health

c.c. Chief Executive, Hospital Authority
(Attn.: Ms Dorothy Lam)

Listing of New Drugs on the Hospital Authority Drug Formulary



Inclusion of Self-Financed Drugs into Safety Net

