



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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22 November 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  
Hospital Authority Drug Formulary**

Thank you for your letter dated 16 November 2018 referring to this Bureau the enquiries raised by Hon SHIU Ka Chun. Having consulted the Hospital Authority (HA), we provide the information below in response to Hon SHIU's enquiries.

The Government and HA place high importance on providing optimal care for all patients. Since July 2005, HA has implemented the HA Drug Formulary (HADF) with a view to ensuring equitable access by patients to cost effective drugs of proven safety and efficacy through standardisation of drug policy and drug utilization in all public hospitals and clinics. Drugs listed on the HADF are intended for corporate-wide use benefiting the entire local population. There are, however, occasions where the use of drugs outside the HADF may be required to cater for the clinical needs of individual patients in exceptional situations. The use of drugs outside the HADF is an integral part of medical care to bridge the gap

gap between population and individual clinical needs, and to manage urgent situations to ensure that patients are provided with appropriate clinical care. Clinicians would prescribe appropriate drug treatments based on their clinical expertise and professional judgment, taking into consideration the clinical conditions of individual patients.

### **Drug Items outside HADF**

The following table sets out the number of drug items outside the HADF prescribed in HA from 2016-17 to 2018-19 (up to 31 October 2018):

	2016-17	2017-18	2018-19 <sup>1</sup>
Number of drug items outside the HADF prescribed	303	210	224

*Note : HA may use different items of the same drug in different strengths or dosages. The above data are the number of drug items instead of the number of drugs outside the HADF used each year. HA does not maintain statistics on the number of drugs outside the HADF used.*

The HA Drug Advisory Committee (DAC) is responsible for appraising new drug applications. DAC would consider listing suitable drugs registered in Hong Kong on the HADF. Unregistered drugs would not be considered for listing on the HADF.

Drug registration is an on-going process along with the latest clinical development and market dynamics; and the lead time for listing on the HADF differs among new drugs in accordance with evolving medical evidence. HA does not maintain statistics on the number of unregistered drug items outside the HADF prescribed as well as the number of registered drug items outside the HADF prescribed that have not been put up for consideration for listing on the HADF, or that have been put up for consideration but have not been listed on the HADF so far.

### **Figures of New Drug Applications**

The following table sets out the number of new drug applications submitted by HA hospitals each year from 2016-17 to 2018-19 (up to 31 October 2018):

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<sup>1</sup> As at 31 October 2018.

	2016-17	2017-18	2018-19 <sup>2</sup>
Grantham Hospital	0	2	1
Hong Kong Eye Hospital	1	3	0
Kwai Chung Hospital	2	1	0
Kowloon Hospital	2	1	3
Kwong Wah Hospital	1	1	2
Princess Margaret Hospital	10	8	19
Prince of Wales Hospital	16	14	12
Pamela Youde Nethersole Eastern Hospital	6	8	1
Queen Elizabeth Hospital	8	12	9
Queen Mary Hospital	23	24	10
Tseung Kwan O Hospital	1	0	1
Tuen Mun Hospital	4	1	2
United Christian Hospital	1	2	3

### **Mechanism for Listing of New Drugs**

HA has an established mechanism for regular appraisal of new drugs and review of the 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, advance in technology, disease state, patient compliance, quality of life, actual experience in the use of drugs as well as views of professionals and patient groups. Under the existing mechanism, clinicians would submit new drug applications, based on clinical service needs, to the DAC for consideration of listing on the HADF. DAC would review all new drug applications every three months. Appraisal of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics.

The Government and HA understand the financial pressure and economic burden on cancer patients and those with uncommon disorders, as well as their strong aspiration for listing certain drugs on the HADF and including them in the scope of subsidy under the safety net.

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<sup>2</sup> As at 31 October 2018.

the financial support for needy patients with different diseases, the Community Care Fund (CCF) has launched a new Medical Assistance Programme since 2017 to provide “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Include Those for Treating Uncommon Disorders)”. To shorten the lead time for introducing suitable new drugs to the safety net, the HA has, since 2018, increased the frequency of prioritisation for including self-financed drugs in the safety net from once to twice a year.

HA will also liaise with pharmaceutical companies from time to time on setting up risk sharing programmes for certain suitable self-financed drugs. Under the programmes, the HA, patients and pharmaceutical companies would contribute to the drug costs in specific proportions within a defined period, or the drug treatment costs to be borne by patients would be capped, with a view to facilitating patients’ early access to specific drug treatments.

HA will continue to keep abreast of the latest development of clinical and scientific evidence, listen to the views and suggestions of patient groups and follow the principle of rational use of limited public resources to appraise new drugs and review the HADF and the coverage of the safety net under the established mechanisms so as to provide sustainable, affordable and optimal care for all patients in the long term.

Yours sincerely,



(Mr Jonathan CHIU)  
for Secretary for Food and Health

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