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| **Appendix A. For application of SN drug listing - Comment from CoC / CC**[CoC/CC Secretaries should directly submit this Appendix (in MS word) to dacapp@ha.org.hk before the deadline.] |
| **A1 Proposed SN Drug indication** |
| **CoC / CC comment sought from\*:**  |  |
| **Existing HADF indication** (for drug listed in HADF) **/ HK Licensed indication** | **Proposed HADF indication** |
| **Existing HADF status** *(🗸where appropriate)*[ ] Not yet listed in HADF [ ]  SFI [ ] Safety Net (SN)**Existing HADF indication/ HK licensed indication:** | **Proposed HADF status***:*Safety Net (SN)**Proposed indication:****(Eng)****(Chinese)** |
| **Existing Prescribing Specialty:** |  | **Proposed Prescribing Specialty\*:**  |  |
| **\***please state all specialties involved. Must seek comment from all relevant specialities on the proposed indication, funding amount request, service transition (e.g. paed to adult, SOPC to GOPC). |
| **A2 Estimated cost per patient** |
| **Treatment regimen** (dose, frequency, & max. dose) | *e.g. 50mg/m2 i.v. on day1 every 3 week, rest 1 week , then repeat; max 75mg/m2**e.g. 70mg s.c. every 2 weeks; max 100mg* |
| **Drug treatment cost per patient (e.g. per day / week / cycle)***(🗸where appropriate)* | **Existing HA Corporate Drug / Contract Price** (SFI/SN)*(HA Corporate Drug Price will be used for patient’s financial assessment)*  |
| HK$ |
| **Proposed Net price for SN drugs:** *(for estimation of SN financial impact)* |
| HK$*(after taking into account bonus, rebate or free goods from Patient Access Programme)* *e.g. $X,000/cycle (with existing SN discount of Y%)**e.g drug company offer 30% discount if listed in SN* |
| **Calculation based on**: [ ]  HA Corporate Drug Price/Contract Price [ ]  Existing discounted price of SN Drugs[ ]  New offer/discount from drug company |
| **Total duration of treatment**  | *e.g. 8 cycles or 6 months, or continuous till remission/progression/lifetime* |
| **Patient Access Programme** (PAP) if listed in safety net | [ ]  No [ ]  Yes: details of PAP:  | *e.g. capped at \_\_\_\_\_\_\_\_\_\_cycles (\_\_\_\_\_\_\_days per cycle )* |
| **Treatment cost per patient per application\* or per year***(\* For drug with total duration of treatment duration > or = 52weeks)* | **Existing annual cost based on HA Corporate Drug Price** (SFI/SN)*(HA Corporate Drug Price will be used for patient’s financial assessment)*  |
| HK$ |
| **Proposed annual cost** *(for estimation of SN financial impact)* [input the figure to “a” in Section A6] |
| HK$ |
| **Whether the drug is renewable# & subject to lifetime maximum no. of cycles** *(# Renewal of safety net assistance is required if total duration of treatment duration >52 weeks)* | **Renewable**: [ ]  No [ ]  Yes **Maximum lifetime no. of cycles** : [ ]  No [ ]  Yes (how many **.**) |
| **Support services required?** | *(e.g. the need and availability for laboratory test/ diagnostic radiology examination/ other specialist assessment in HA associated with using this drug)*  |
| **A3 Estimated Number of Eligible Patient** *(🗸where appropriate)*:  |
| [ ] Additional patient number due to relaxation of existing SN guideline/ indication[ ]  Share same patient group of existing SN drug(s)^*^please provide both the total patient number of the targeted group, and the patient number allocated to each drug***Estimation based on**: [ ] Caseload (ICD codes)[ ] Drug Expenditure[ ] Registry[ ] Others: **.** |
| **Reference year for estimation**: |  **.** |
| *Please provide details**e.g. Around 5,000 new lung cancer patients per year in Hong Kong. 85% suffer from non-small cell lung cancer. 60% adenocarcinoma 75% have advanced disease. 85% are seen in HA and 1.7% have ROS1-positive disease* |
| **Total number of clinically eligible patients**[input figures to “b1, b2, b3” in Section A6]  | 1st year | 2nd year | 3rd year |
|  | ( new patients in 2nd year + .patients in 1st year continue treatment)  | ( new patients in 3rd year + patients in 2nd year continue treatment + patients in 1st year continue treatment) |
| **A4 Treatment Criteria for SN Drugs** (information will be incorporated in the SN clinical guidelines if appropriate) |
| **Place in therapy** |  |
| **Eligibility** |  |
| **Exclusion criteria** |  |
| **Pretreatment Medical Assessment** |  |
| **Monitoring and Reassessment** | *Treatment response for continuing SN assistance, if applicable* |
| **Termination /** **Exit Criteria** |  |
| **A5 Existing Treatment in HA for the proposed targeted patient group***List (1) drug names (2) HADF indication (3) HADF status (4) indicate if currently covered by SN* (5) *efficacy (6) any need to revise clinical guidelines of the existing drugs/ indications under SN* |
|  |
| **A6 Estimated Budget impact/ Funding Requirement***(Assuming (i) 70% of the patients will apply for assistance from SF/CCF; and (ii) 95% of the drug cost is subsidised by SF/CCF)* |
| Estimated drug cost per patient per year (HK$)a | 1st year | 2nd year | 3rd year |
| No. of clinically eligible patientsb1 | Estimated No. of patients applying for assistancec1=b1 \*70% | Cost ($M)d1=a\*c1\*95% | No. of clinically eligible patientsb2 | Estimated No. of patients applying for assistancec2=b2\*70% | Cost ($M)d2=a\*c2\*95% | No. of clinically eligible patientsb3 | Estimated No. of patients applying for assistancec3=b3 \*70% | Cost ($M)d3=a\*c3\*95% |
|  |  |  |  |  |  |  |  |  |  |
| [Remarks] a: copied from Section A2 b: copied from Section A3 |
| **A7 Required Modifications Required for Related drugs /indications currently covered by SN** (if applicable) |
| Drug | Indication | Revision on clinical guidelines of the existing drugs/indications under SN |
|  |  | [ ]  No [ ]  Yes.Please provide details as follows: |
| **A8 Summary of Clinical Benefits over existing treatments***(Clinical evidence compared with existing treatment & references e.g. PFS, OS and p value)* |
| e.g. Proposed drug vs. Chemotherapy : median Progression-free survival (PFS) : lengthened by X months (X months vs. X months)Overall response rate (ORR) : improved by X% (X% vs. X%) Definitive deterioration : shows prolonged time for the composite endpoint of lung cancer-specific symptoms (pain, cough, and shortness of breath) by Lung Cancer Symptom Scale (LCSS) |
| **A9 CoC / CC Comment**\* Comment from all involving specialties MUST BE sought |

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| ***CoC/ CC Contact Person*** | ***Comment*** *(🗸where appropriate)* |
| Involving CoC/ CC Name:Position:Date: | [ ]  CoC/ CC: support this SN proposal[ ]  CoC/ CC: not support this SN proposal |
| Other involving CoC/ CCName:Position:Date: | [ ]  CoC/ CC: support this SN proposal[ ]  CoC/ CC: not support this SN proposal |