



2024 年 6 月 27 日醫院管理局大會參考文件
關愛基金醫療援助項目週年運作報告

徵詢意見

請成員備悉醫院管理局（醫管局）在醫務衛生局（醫衛局）監督下負責執行的關愛基金（基金）醫療援助項目於 2023/24 年度的週年運作報告¹。有關基金醫療援助項目涵蓋的藥物／適應症／醫療裝置之建議已獲相關管治平台支持，並已按情況向醫療服務發展委員會（醫務發展委員會）匯報²。

背景

2. 基金是於2011年初根據《民政事務局局長法團條例》（現稱《民政及青年事務局局長法團條例》）（第1044章）成立的信託基金，信託人是民政事務局局長法團（現稱民政及青年事務局局長法團）。基金成立的主要目的，是為經濟上有困難的市民提供援助，特別是那些未被納入社會安全網，或雖然身處安全網但有一些特殊需要未獲得照顧的人。此外，基金也可考慮推行先導計劃，協助政府研究有哪些措施可考慮納入其常規的資助及服務範圍。政府自2012年12月重設扶貧委員會後，基金由2013年起納入扶貧委員會的工作範圍內。委員會下設關愛基金專責小組，負責統籌和監察基金醫療援助項目的推行、構思新計劃，以及在適當時向委員會匯報其工作計劃和進展。基金自2011年成立以來，先後就醫療、教育、福利、民政及房屋範疇推出不同的援助項目。醫管局在醫衛局的監督下負責執行三個醫療援助項目，包括：

- (a) 基金醫療援助項目（首階段計劃）（**首階段計劃**）；
- (b) 資助合資格病人購買價錢極度昂貴的藥物（包括用以治療不常見疾病的藥物）（**極度昂貴藥物計劃**）；及
- (c) 資助合資格的公立醫院病人購買指定的用於介入程序及在體內設置的醫療裝置（**醫療裝置計劃**）。

¹ 上一份基金援助項目週年運作報告（2022/23 年度）於 2023 年 6 月 29 日提呈醫管局大會（醫管局大會文件第 335 號）。

² 於 2023 年 4 月 26 日討論的醫務發展委員會文件第 691 號「由 2023 年第二季起引入撒瑪利亞基金及關愛基金醫療援助項目涵蓋範圍的新藥物／適應症簡介」；於 2023 年 10 月 9 日討論的醫務發展委員會文件第 705 號「由 2023 年第四季起引入撒瑪利亞基金及關愛基金醫療援助項目涵蓋範圍的新藥物／適應症及非藥物項目簡介」；及於 2024 年 4 月 26 日討論的醫務發展委員會文件第 728 號「由 2024 年第二季起引入撒瑪利亞基金及關愛基金醫療援助項目涵蓋範圍的新藥物／適應症及非藥物項目簡介」。

計劃旨在資助有需要而合資格的病人購買特定自費癌症藥物、極度昂貴藥物及指定的用於介入程序及在體內設置的醫療裝置。基金醫療援助項目的背景及管治資料，以及三個項目自2024年5月底生效的涵蓋範圍分別載於附件1-4。

涵蓋範圍及申請統計數字

2023/24 及 2024/25 年度涵蓋範圍之變更

3. 因應治療方案的科學證據、成本效益、治療選擇及服務技術進展的變化，醫管局會繼續緊隨最新醫學發展，以便按既定機制為各項計劃引入適合的藥物或項目。
4. 為加快於基金醫療援助項目引入新藥／醫療裝置，扶貧委員會於2019年10月通過由2020/21年度起簡化三個基金醫療援助項目引入新藥／醫療裝置的審批程序。按照簡化後的安排，在扶貧委員會為各醫療援助項目批核一個年度指標性預算下，授權基金專責小組主席為建議納入的新藥物及醫療裝置作最終批核。
5. 截至2023年3月31日，首階段計劃及極度昂貴藥物計劃分別涵蓋34種自費癌症藥物及七種極度昂貴藥物，而醫療裝置計劃涵蓋六種醫療裝置。在醫管局關愛基金行政委員會支持下，並獲關愛基金有關當局批准，三個項目於2023/24及2024/25年度（截至2024年5月底）涵蓋範圍之變更概列如下：

計劃		2023/24年度之變更 ³	2024/25年度之變更 ⁴ (截至2024年5月底)
首階段計劃	新增藥物	- 七種藥物 (治療多發性骨髓瘤的達雷木單抗與硼替佐米(Daratumumab in combination with Bortezomib) 及艾沙妥昔單抗與泊馬度胺(Isatuximab in combination with Pomalidomide)；治療卵巢上皮癌／輸卵管癌／原發性腹膜癌的尼拉帕利(Niraparib)；治療膀胱癌的阿維蘆人單抗(Avelumab)；及治療淋巴癌的伊布替尼(Ibrutinib))	- 兩種藥物 (治療神經纖維瘤病的司美替尼(Selumetinib)；治療淋巴瘤的扎奴替尼(Zanubrutinib))

³ 已向醫務發展委員會匯報（醫務發展委員會文件第 691 及 705 號）。

⁴ 已向醫務發展委員會匯報（醫務發展委員會文件第 728 號）。

計劃		2023/24年度之變更 ³	2024/25年度之變更 ⁴ (截至2024年5月底)
	新增或放寬適應症	- 六種適應症 (匹博利組單抗(Pembrolizumab)的三種適應症、侖伐替尼(Lenvatinib)、尼伏人單抗(Nivolumab)，及尼伏人單抗與伊匹木單抗(Nivolumab in combination with Ipilimumab)各自一種適應症)	- 四種適應症 (達雷木單抗與來那度胺(Daratumumab in combination with Lenalidomide)、侖伐替尼與匹博利組單抗(Lenvatinib in combination with Pembrolizumab)、奧希替尼(Osimertinib)，及維泊妥組單抗與利妥昔單抗(Polatuzumab Vedotin in combination with Rituximab))
	藥物改納入撒瑪利亞基金涵蓋範圍	- 18種藥物／適應症 (治療皮膚癌的尼伏人單抗(Nivolumab) ⁵ (兩種適應症) 及達拉非尼與曲莫替尼(Dabrafenib in combination with Trametinib) ⁶ ；治療乳癌的哌柏西利(Palbociclib)、瑞波西利(Ribociclib)、依維莫司(Everolimus)、Trastuzumab emtansine (T-DM1)*，及阿貝西利(Abemaciclib)；治療淋巴瘤的維布妥昔單抗(Brentuximab Vedotin) (三種適應症)；治療白血病的伊珠單抗奧加米星(Inotuzumab Ozogamicin)；治療肝癌的侖伐替尼(Lenvatinib) ⁷ ；治療肺癌的阿替利組單抗(Atezolizumab) ⁸ 、布格替尼(Brigatinib)、度伐人單抗(Durvalumab)、尼伏人單抗(Nivolumab) ⁵ 及匹博利組單抗(Pembrolizumab) ⁹)	- 四種藥物／適應症 (治療前列腺癌的阿比特龍(Abiraterone)、治療卵巢上皮癌、輸卵管癌或原發性腹膜癌的奧拉帕利(Olaparib)、治療肺癌的奧希替尼(Osimertinib) ¹⁰ 及治療膀胱癌的匹博利組單抗(Pembrolizumab) ⁹)

*現時沒有正式的中文名稱

- ⁵ 尼伏人單抗(Nivolumab)仍在首階段計劃的涵蓋範圍內，用於治療頭頸癌、胃腺癌、胃食道交界處腺癌或食道腺癌的臨床適應症。
- ⁶ 達拉非尼與曲莫替尼(Dabrafenib & Trametinib)仍在首階段計劃的涵蓋範圍內用於治療皮膚癌的臨床適應症，作為術後輔助治療，用於已完全切除腫瘤的 BRAF V600 突變 III 期黑色素瘤成年患者。
- ⁷ 侖伐替尼(Lenvatinib)仍在首階段計劃的涵蓋範圍內，用於治療甲狀腺癌的臨床適應症。
- ⁸ 阿替利組單抗(Atezolizumab)仍在首階段計劃的涵蓋範圍內用於治療肺癌的臨床適應症，作為單一藥物治療，用於沒有表皮生長因子受體(EGFR)基因變異或間變性淋巴瘤激酶(ALK)呈陽性的轉移性非小細胞肺癌的成年患者之第一線治療，其腫瘤的 PD-L1 基因表達程度≥50%。
- ⁹ 匹博利組單抗(Pembrolizumab)仍在首階段計劃的涵蓋範圍內用於其他臨床適應症以治療肺癌(i)聯合卡铂和紫杉醇類化療，用於沒有表皮生長因子受體或間變性淋巴瘤激酶基因突變的轉移性鱗狀非小細胞肺癌的成年患者而其 PD-L1 水平腫瘤比例評分為 1-49%，作一線治療；及(ii)聯合培美曲塞及含铂化療，用於沒有表皮生長因子受體或間變性淋巴瘤激酶基因突變的轉移性非鱗狀非小細胞肺癌的患者，而其 PD-L1 水平腫瘤比例評分為 1-49%，作一線治療；及用於治療淋巴瘤及頭頸癌的臨床適應症。
- ¹⁰ 奧希替尼(Osimertinib)仍在首階段計劃的涵蓋範圍內用於治療肺癌的臨床適應症，作為單一藥物療法，用於具有表皮生長因子受體外顯子 19 缺失或外顯子 21(L858R)替代突變的 IB 至 IIIA 期非小細胞肺癌成年患者，在完全切除腫瘤手術後的輔助治療。

計劃		2023/24年度之變更 ³	2024/25年度之變更 ⁴ (截至2024年5月底)
極度昂貴藥物計劃	新增藥物	- 三種藥物 (治療X連結低磷血症的布羅索人單抗(Burosumab)、治療陣發性夜間血紅素尿症及非典型性尿毒溶血症候群的瑞利珠單抗(Ravulizumab)、治療脊髓肌肉萎縮症的阿哌奧諾基(Onasemnogene abeparvovec))	沒有
	新增或放寬適應症	沒有	- 一種適應症 (替沙侖賽(Tisagenlecleucel))
醫療裝置計劃	新增項目	沒有	沒有
	擴闊／修訂適應症範圍	沒有	沒有

6. 上述新增藥物／適應症的詳情載於附件5，而基金醫療援助項目改納入撒瑪利亞基金及醫管局藥物名冊專用藥物的時序表則載於附件6。除納入新藥物及適應症外，多種涵蓋藥物的臨床指引亦獲放寬或修訂，詳情載於附件7。

7. 截至2024年3月31日，首階段計劃及極度昂貴藥物計劃分別涵蓋32種自費癌症藥物¹¹及10種極度昂貴藥物¹²，醫療裝置計劃則涵蓋六種醫療裝置。隨著所有新增藥物／適應症以及將首階段計劃的多種癌症藥物改納入撒瑪利亞基金涵蓋範圍於2024年5月底正式實施（已於2024年4月向醫務發展委員會匯報），首階段計劃、極度昂貴藥物計劃及醫療裝置計劃分別涵蓋**32種自費藥物**¹³、**10種極度昂貴藥物**及**六種醫療裝置**。

獲批申請及批出資助金額

8. 於2023/24財政年度（2023年4月1日至2024年3月31日），三個基金醫療援助項目的獲批申請宗數、批出資助總額及每宗申請平均批出資助金額概列如下：

計劃	獲批申請宗數	批出資助總額 (百萬元)	每宗申請平均批出 資助金額(元)
首階段計劃	2 607	665.94	255,442
極度昂貴藥物計劃	100	202.82	2,028,153
醫療裝置計劃	202	51.62	255,531

¹¹ 包括於 2023/24 年度為首階段計劃引入七種新藥物，以及將九種藥物改納入撒瑪利亞基金涵蓋範圍。

¹² 包括於 2023/24 年度為極度昂貴藥物計劃引入三種新藥物。

¹³ 於 2024 年 5 月，為首階段計劃引入兩種新藥物，以及將兩種藥物改納入撒瑪利亞基金涵蓋範圍。

首階段計劃涉及資助額最多之藥物

9. 首階段計劃2023/24年度涉及資助額最多之藥物是用於治療肺癌的匹博利組單抗(Pembrolizumab)及奧希替尼(Osimertinib)，以及治療大腸直腸癌的貝伐珠單抗(Bevacizumab)。於2023/24年度，就這些藥物／適應症批出的資助總額共2億8,865萬元，佔藥物申請批出的資助總額43%；每宗申請平均批出資助金額約250,000元。

財政狀況

三個醫療援助項目 2023/24 年度經審計的財務報表

10. 三個基金醫療援助項目截至2024年3月31日止年度的經審計財務報表載於醫管局內務大會文件第1960號「關愛基金醫療援助項目2023/24年度經審計財務報表」，以供成員審批。

三個醫療援助項目 2024/25 年度指標性預算

11. 根據上文第4段所述的簡化審批程序，三個項目2024/25年度的指標性資助批核預算及行政開支預算分別於2023年12月及2024年1月獲基金專責小組及扶貧委員會支持及批准，摘錄如下：

計劃 預算	首階段計劃 (百萬元)	極度昂貴藥物 計劃 (百萬元)	醫療裝置計劃 (百萬元)	總金額 (百萬元)
指標性資助批核預算 ¹⁴	1,124.00	513.00	79.00	1,716.00
行政開支預算 ¹⁵ (各項計劃的行政開 支預算分目載於 <u>附件 8</u>)	28.10	12.82	1.97	42.89

質素保證

臨床審核

12. 醫管局引入臨床審核，以確保醫生所作的基金援助轉介符合當時臨床指引的準則。如同於2023年6月向醫管局大會的匯報¹，醫管局因應相關申請宗數及批出資助金額而選取了於2021/22年度獲批的下列項目申請進行臨床審核：(a)治療表皮生

¹⁴ 資助批核預算包括 15%備用金以作緩衝用途。

¹⁵ 包括人手開支及其他行政開支，佔指標性資助批核預算的 2.5%，並低於既定機制下 5%的上限。

長因子受體T790M突變呈陽性的局部晚期或轉移性非小細胞肺癌，且用於曾接受過表皮生長因子受體酪胺酸激酶抑制劑治療而出現惡化之成年患者的奧希替尼；及(b)經導管二尖瓣修復術。多名相關專科醫生組成臨床審核團隊，為抽選的21宗用以治療非小細胞肺癌的奧希替尼個案及三宗經導管二尖瓣修復術個案¹⁶進行同儕審核，以檢視基金申請的轉介過程是否符合當時的臨床指引。

13. 根據臨床審核的結果，在被抽選的21宗奧希替尼個案中，有20宗(95%)符合當時的臨床指引¹⁷；而另外三宗經導管二尖瓣修復術的抽選個案則全部符合當時的臨床指引。有關審核報告已發予相關統籌委員會及中央委員會。在跟進工作方面，除了就違規個案通知有關醫院的高層管理人員外，亦提醒轉介醫生及指定加簽人員應在轉介過程中遵守臨床指引，並已向相關醫院就有關基金個案追收多付的資助。

14. 因應過往一年的已批核個案數目及批出資助金額，醫管局選取了奧希替尼用於患有表皮生長因子受體突變陽性及有中樞神經系統轉移非小細胞肺癌的成年患者作一線治療，以及經導管三尖瓣修復術的個案進行臨床審核。在2022/23年度獲批的個案中，審核了21宗奧希替尼個案及四宗經導管三尖瓣修復術個案¹⁶。有關臨床審核正在進行中，而審核結果將會向醫管局關愛基金行政委員會匯報。

經濟審查審核

15. 為確保醫務社會服務部就基金申請個案的經濟審查遵從既定指引，並適時提出改善建議，醫管局會進行經濟審查審核。

16. 就2023年1月1日至2023年12月31日期間的申請個案，不同醫院醫務社會服務部的行政助理在醫管局總辦事處職員提供適切的協助下，抽選了共80宗基金申請個案¹⁸，對相關經濟審查文件進行同儕審核。所有經審核之抽選個案均完全符合就當時指引列載主要項目之所需資料提供適當證明文件的要求，例如病人身份證明文件、已簽署的病人聲明書等。審核過程中亦發現三宗個案的收入、保險及資產計算出錯，其資助額因而受到影響，現正按現行程序追討相關欠款。有關的醫院管理層會獲告知審核結果。

17. 審核結果會向不同管治平台匯報，包括醫管局關愛基金行政委員會及醫務社會服務部聯繫會議，並會發給所有醫院醫務社會服務部及社會福利署總辦事處傳閱。有關的醫院醫務社會服務部已採取改善措施，包括與員工溝通，以及加強內部覆核與監察機制。

¹⁶ 符合抽選藥物或非藥物獲批個案 5%的目標。

¹⁷ 根據基金的臨床指引，如病人在治療期間病情惡化，應終止治療。審核過程中發現一宗奧希替尼個案，病人在接受治療期間病情出現輕微惡化，惟未有終止治療。儘管如此，審核團隊建議按最新臨床實證 重新審視臨床指引，使指引更為清晰。臨床腫瘤科統籌委員會其後檢視相關臨床指引，並建議當病人的病情惡化至局部治療無法治理的情況時，不應繼續進行治療。為此，相關終止治療準則已修訂為「如病人在治療期間病情惡化至全身，即局部治療無法治理的情況，應終止治療」。有關修訂已於 2024 年 5 月起生效。

¹⁸ 符合抽選已獲批非綜援個案（包括(a)非藥物申請所有獲批資助金額，及(b)藥物申請獲批資助金額為 30 萬元或以上）5%的目標。

已批核個案之覆核

18. 為保證公帑用得其所，基金醫療援助項目設有批核後覆核機制，以預防和偵查醫療援助計劃的詐騙和濫用。就2022/23及2023/24年度獲批之申請，截至 2024年4月30日，共抽選了3 296宗個案¹⁹由聯網覆核組進行覆核。有關基金醫療援助項目已批核個案的覆核結果，將於2024年第四季連同撒瑪利亞基金及醫療費用減免的已批核個案覆核結果一併向醫管局大會匯報。

基金的宣傳推廣

19. 為加強推廣首階段計劃、極度昂貴藥物計劃及醫療裝置計劃，醫管局每月於網站上載有關申請統計數字，例如累計批核申請宗數及資助金額等，並安排不同對內及對外的宣傳措施。對內方面，醫管局會適時向前線員工發布有關指引及文件；對外宣傳則包括於病人通訊刊登文章、透過醫管局網站上的基金網頁提供最新資訊、利用醫管局「智友站」平台加強推廣、舉辦病人論壇，以及於醫管局轄下醫院和診所派發單張等。

20. 「醫療費用援助一站通」（應用程式）於2022年4月底推出，是HA Go流動應用程式中「繳費服務」下的單元。應用程式旨在為病人提升於申請醫療費用援助（包括撒瑪利亞基金和關愛基金醫療援助項目）時的體驗及促進與病人的溝通。病人可透過應用程式(a)初步評估是否符合申請個別援助之經濟準則和資格，並瀏覽相關的多媒體資訊；(b)透過「推送訊息」掌握申請進度；(c)查看資助詳情和使用情況，適時為藥物資助申請續期作準備；及(d)按醫務社會服務部或聯網覆核組的要求上載文件以加快申請及批核後覆核的進度。為確保在覆核期間與病人保持適時溝通，應用程式會在有關覆核的書面通知發出後向病人發送提醒。為進一步提升病人的體驗及使申請程序更為便利，醫管局正開發自助申請功能，並預計將於2024年底推出。

醫院管理局

HAB\PAPER\347

2024年6月20日

¹⁹ 符合抽選已獲批高、中、低風險非綜援個案分別 100%、15-25%及 5-10%的目標。高、中、低風險個案的相應資助額分別為：30 萬元或以上、10 萬元至 30 萬元以下，以及 10 萬元以下。

**Background Information on
Community Care Fund (CCF) Medical Assistance Programmes**

Objective

The CCF is a trust fund established in early 2011 under the Secretary for Home Affairs Incorporation Ordinance (currently known as Secretary for Home and Youth Affairs Incorporation Ordinance) (Cap. 1044) with the Secretary for Home Affairs Incorporated (currently known as the Secretary for Home and Youth Affairs Incorporated) as its trustee. Its main objective is to provide assistance to people facing financial difficulties, in particular those who fall outside the social safety net or those within the safety net but still have special circumstances that are not covered. In addition, the CCF may consider introducing programmes on a pilot basis to help the Government identify those measures that can be considered for incorporation into its regular assistance and service programmes. The CCF has since 2013 been integrated into the work of the reinstated Commission on Poverty (CoP)¹. The CCF Task Force, set up under the CoP as chaired by the Chief Secretary for Administration, is responsible for advising the CoP on the CCF's various arrangements (including investment, finance and administrative operations), as well as the formulation of assistance programmes, the co-ordination and overseeing of the implementation of assistance programmes, and the evaluation of their effectiveness.

2. Since its establishment, CCF has rolled out different assistance programmes covering the medical, education, welfare, home affairs and housing areas for various target beneficiary groups including children, elderly persons, persons with disabilities, patients, new arrivals and ethnic minorities, etc.

3. Currently, the Hospital Authority (HA) is responsible for administering three CCF Medical Assistance Programmes under the supervision of the Health Bureau (HHB). The three programmes are summarised as below:

- (a) **First Phase Programme²** was introduced on 1 August 2011. It provides financial assistance to HA patients for purchasing specified self-financed (SFI) cancer drugs that have not been covered by the Samaritan Fund (SF) safety net but have been rapidly accumulating medical scientific evidence and with

¹ In late 2010, the Chief Executive appointed the Steering Committee on the CCF to oversee and co-ordinate the work of the CCF. An Executive Committee and four Subcommittees (Education, Home Affairs, Medical and Welfare) were set up under the Steering Committee to support the operation of the CCF. The terms of the above-mentioned committees/ subcommittees ended in end 2012 and the CCF has since 2013 been integrated into the work of the reinstated CoP. The fifth term CoP has commenced on 1 January 2023. Two Task Forces have been set up under the fifth term CoP, namely the Community Care Fund Task Force and Social Innovation and Entrepreneurship Development Fund Task Force.

² The Second Phase Programme, rolled out on 16 January 2012, aimed to provide subsidy to needy patients who marginally fall outside the SF safety net for the use of specified SFI drugs. It complemented the SF by providing additional subsidy to HA patients by reducing their maximum contribution ratio from 30% to 20% of their household annual disposable financial resources (ADFR) to use the specified SFI drugs supported by the SF. The Second Phase Programme had been approved by the Government for incorporation into the Government's regular assistance programme, i.e. the SF, with effect from 1 September 2012. Upon regularisation, the Second Phase Programme ceased operation on 31 August 2012.

relatively higher efficacy. The prevailing mechanism for SF applications, including referral procedures, financial assessment criteria, and processing/approving of applications, has been adopted for the First Phase Programme.

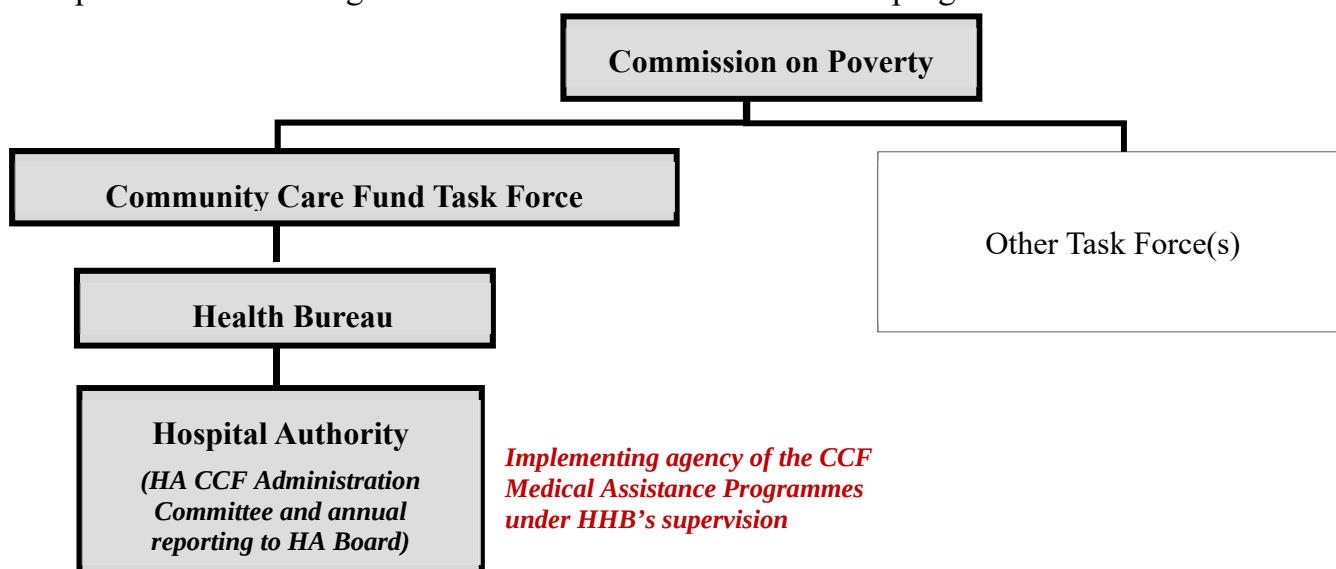
- (b) **Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders) (UED Programme)** was introduced on 1 August 2017. It provides financial assistance to needy HA patients who meet specific clinical requirement to use those ultra-expensive drugs, including those for treatment of uncommon disorders, which have not yet been brought into SF safety net.
- (c) **Subsidy for Eligible Patients of HA to Purchase Specified Implantable Medical Devices for Interventional Procedures (MD Programme)** was introduced on 1 August 2017. It provides financial assistance to needy HA patients to have early access to specified implantable medical devices for interventional procedures which have not yet been incorporated as part of HA's standard services due to the need for accumulating further local experience and evidence for cost-effectiveness.

Eligibility

4. To be eligible for financial assistance from the CCF Medical Assistance Programmes, HA patients must fulfill the clinical indications of the required drug/item as well as the identity requirement, and pass the means test.

Governance

5. Under the CCF Medical Assistance Programmes, HA, being the implementing agency of the three Medical Assistance Programmes under the supervision of HHB, is required to report progress of the Medical Assistance Programmes to the CCF Task Force and CoP. The governance structure in HA for the administration of CCF Medical Assistance Programmes as well as the delegation and approving authority were approved by the HA Board at its meeting on 31 May 2011 via Administrative and Operational Meeting Paper No. 769. The governance of CCF medical assistance programmes is as follows:



Mechanism of introducing new items / technology

6. The mechanism of introducing new drugs /medical devices is set out as follows:

Mechanism for consideration of the coverage of drugs / medical devices in the CCF³

An annual indicative budget for each Programme is submitted to CoP for approval before the beginning of each financial year*

Lists of self-financed drugs / medical devices

with potential to be covered in the funding scope of CCF Medical Assistance Programmes



Recommendation on prioritisation made by
Drug Management Committee for drugs, and
Medical Device Advisory Committee for medical devices



Evaluation by **The HA CCF Administration Committee**
on the priority of new items for coverage by the Fund



Supported list of new drugs and medical devices is submitted to **CCFTF Chairperson for final approval** and the approved list of drugs and medical devices will be circulated to CCFTF and CoP for information



After approval by the Chairperson of the CCFTF, the new drugs and medical devices will be implemented once the other necessary preparation (e.g. formulation of clinical guidelines) is completed



Report to **HA Board**

Remarks:

* The CoP will also grant approval-in-principle for new drugs/medical devices recommended in future on the condition that -

- (a) the financial requirement for these new drugs/medical devices will be within the approved annual indicative budget and the scope of coverage of respective Programme; and
- (b) these new drugs/medical devices will have gone through the established review mechanism in HA.

³ The mechanism was discussed and endorsed at CoP Meeting on 29 October 2019 and took effective in 2020/21.

**Drugs Covered by the First Phase Programme
(As at end May 2024)**

Self-financed drugs:

(Items shown in **bold** are newly introduced in 2023/24 while those shown in *italics* are newly introduced in 2024/25)

No.	Drug	Designated type of cancer	Designated clinical indications
1	Acalabrutinib	Lymphoma	For adult patients with relapsed or refractory mantle cell lymphoma
2a	Atezolizumab	Lung cancer	As monotherapy for the first-line treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumours have a PD-L1 expression $\geq 50\%$ tumour cells (TC) and who do not have epidermal growth factor receptor (EGFR) mutant or anaplastic lymphoma kinase (ALK)-positive NSCLC
2b	Atezolizumab and Bevacizumab	Hepatocellular carcinoma (HCC)	For the treatment of adult patients with advanced or unresectable HCC who have not received prior systemic therapy
4a			
3	Avelumab	Bladder cancer	Monotherapy for the first-line maintenance treatment of adult patients with locally advanced or metastatic urothelial carcinoma who are progression-free following platinum-based chemotherapy
4b	Bevacizumab	Colorectal cancer	First line treatment of RAS mutant metastatic colorectal cancer in combination with chemotherapy in adult patients indicated for intensive treatment OR First-line treatment of RAS wild type metastatic colorectal cancer in combination with chemotherapy in adult patients indicated for intensive treatment who are unsuitable for or intolerant to Cetuximab / Panitumumab
4c		Epithelial ovarian / fallopian tube / primary peritoneal cancer	With carboplatin and paclitaxel for front-line advanced epithelial ovarian / fallopian tube / primary peritoneal cancer
5	Dabrafenib and Trametinib	Skin cancer	For the adjuvant treatment of adult patients with Stage III melanoma with a BRAF V600 mutation, following complete resection
6			
7a	Daratumumab and Bortezomib	Multiple myeloma (MM)	In combination with thalidomide and dexamethasone for the treatment of adult patients newly diagnosed with MM who are eligible for autologous stem cell transplant
8			
7b	<i>Daratumumab and Lenalidomide</i>	<i>Multiple myeloma</i>	<i>In combination with dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy</i>
14a			

No.	Drug	Designated type of cancer	Designated clinical indications
9	Gemtuzumab Ozogamicin	Leukaemia	In combination with daunorubicin and cytarabine for the treatment of patients age 15 years and above with previously untreated, de novo CD33-positive acute myeloid leukaemia (AML), except acute promyelocytic leukaemia (APL)
10	Ibrutinib	Lymphoma	As a single agent or in combination with rituximab for the treatment of adult patients with Waldenström's macroglobulinaemia with MYD88 gene mutation who have received at least one prior therapy
11	Isatuximab and Pomalidomide	Multiple myeloma	In combination with dexamethasone for the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor and have demonstrated disease progression on the last therapy
12			
13	Ixazomib and Lenalidomide	Multiple myeloma	In combination with dexamethasone for the treatment of multiple myeloma in patients who have received at least one prior therapy
14b			
15	Lapatinib	Breast cancer	HER2+ve advanced breast cancer with prior therapy including an anthracycline, a taxane, and Trastuzumab
16a	Lenvatinib	Thyroid cancer	Treatment of adult patients with progressive, locally advanced or metastatic, differentiated thyroid carcinoma (papillary/follicular/poorly differentiated/oncocytic carcinoma), refractory to radioactive iodine
16b	Lenvatinib and Pembrolizumab	Uterine cancer	<i>Treatment of patients with advanced endometrial carcinoma (EC) that is mismatch repair proficient (pMMR), as determined by a validated test, or not microsatellite instability-high (MSI-H), who have disease progression following prior platinum-based chemotherapy in any setting and are not candidates for curative surgery or radiation</i>
24a			
17	Lorlatinib	Lung cancer	For the treatment of patients with ALK-positive metastatic NSCLC whose disease has progressed on crizotinib and at least one other ALK inhibitor for metastatic disease; or alectinib or ceritinib or brigatinib as the first ALK inhibitor therapy for metastatic disease
18	Neratinib	Breast cancer	For extended adjuvant treatment of adult patients with early-stage HR+ve, HER2+ve, breast cancer (>1cm or lymph node-positive) and who completed adjuvant trastuzumab-based therapy less than one year ago
19	Niraparib	Epithelial ovarian / fallopian tube / primary peritoneal cancer	As monotherapy for the maintenance treatment of adult patients with advanced Homologous Recombination Deficiency (HRd) BRCA wild-type epithelial (FIGO Stages III and IV) high-grade ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response following completion of first-line platinum-based chemotherapy

No.	Drug	Designated type of cancer	Designated clinical indications
20a	Nivolumab	Head and neck cancer	For the treatment of patients with recurrent or metastatic squamous cell carcinoma of the head and neck with disease progression on or after platinum based therapy
20b		Gastric, gastroesophageal junction or esophageal adenocarcinoma	In combination with fluoropyrimidine- and platinum-based combination chemotherapy for the 1st line treatment of adult patients with human epidermal growth factor receptor 2 negative (HER2-ve) advanced or metastatic gastric, gastroesophageal junction or esophageal adenocarcinoma whose tumours express PD-L1 with CPS$\geq$5
20c	Nivolumab and Ipilimumab	Renal cell carcinoma	For the treatment of patients with intermediate or poor risk, previously untreated advanced renal cell carcinoma
21		Lung cancer	In combination with 2 cycles of platinum double chemotherapy for first-line treatment of adult patients with metastatic or recurrent squamous NSCLC with no EGFR or ALK genomic tumour aberrations
22	Osimertinib	Lung cancer	<i>As monotherapy for the adjuvant treatment after complete tumour resection in adult patients with stage IB-IIIa NSCLC whose tumours have EGFR exon 19 deletions or exon 21(L858) substitution mutations</i>
23	Pegylated Liposomal Doxorubicin	Ovarian cancer	Second-line of platinum refractory or subsequent treatment of platinum resistant advanced ovarian cancer
24b	Pembrolizumab	Lung cancer	In combination with carboplatin and paclitaxel for first-line treatment of adult patients with metastatic squamous NSCLC with PD-L1 expression (Tumour Proportion Score 1-49%) and no EGFR or ALK genomic tumour aberrations
24c			In combination with pemetrexed and platinum chemotherapy for first-line treatment of metastatic nonsquamous NSCLC with PD-L1 expression (Tumour Proportion Score 1-49%) with no EGFR or ALK genomic tumour aberrations
24d		Lymphoma	As monotherapy for the treatment of adult patients with relapsed or refractory classical Hodgkin Lymphoma (cHL) who have failed autologous stem cell transplant (ASCT) and Brentuximab Vedotin (BV), or who are transplant-ineligible and have failed BV

No.	Drug	Designated type of cancer	Designated clinical indications
24e	Pembrolizumab	Lymphoma	As monotherapy for the treatment of paediatric patients aged 3 years and older with relapsed or refractory cHL who have failed ASCT or following at least two prior therapies when ASCT is not a treatment option
24f		Head and neck cancer	In combination with platinum and fluorouracil (FU) for the first-line treatment of patients with metastatic or with unresectable, recurrent head and neck squamous cell carcinoma (HNSCC) whose tumours express PD-L1 (CPS ≥1) as determined by a validated test
25a	Polatuzumab Vedotin and Rituximab	Lymphoma	<i>In combination with cyclophosphamide, doxorubicin, and prednisone/prednisolone for the treatment of adult patients with previously untreated diffuse large B-cell lymphoma (DLBCL) and have International Prognostic Index (IPI) score 3-5</i>
26a			
25b	Polatuzumab Vedotin and Rituximab and Bendamustine	Lymphoma	For the treatment of adult patients with relapsed/refractory diffuse DLBCL who are not candidates for haematopoietic stem cell transplant
26b			
27			
28	Selumetinib	Neurofibromatosis	<i>For the treatment of symptomatic, inoperable plexiform neurofibromas (PN) actively progressing on imaging in paediatric patients with neurofibromatosis type 1 (NF1) aged 3 to 18 years</i>
29	Sunitinib	Renal cell carcinoma	First line treatment for advanced renal cell carcinoma
30	Trastuzumab	Gastric carcinoma	Combined with Cisplatin & Capecitabine or 5FU for HER2 overexpressed metastatic gastric disease (IHC2+ and confirmatory FISH+ result, or IHC3+) in treatment-naïve patients for their metastatic disease
31	Vemurafenib	Skin cancer	As monotherapy for the treatment of adult patients with BRAF V600 mutation-positive unresectable or metastatic melanoma
32	Zanubrutinib	Lymphoma	<i>Monotherapy for the treatment of adult patients with Waldenström's macroglobulinaemia (WM) who have received at least one prior therapy</i>

**Drugs Covered by the Ultra-expensive Drugs Programme
(As at end May 2024)**

Ultra-expensive Drugs

(Items shown in **bold** are newly introduced in 2023/24 while those shown in *italics* are newly introduced in 2024/25)

No.	Drug	Designated clinical indications
1	Burosumab	X-linked hypophosphataemia
2	Dinutuximab Beta	Treatment of high-risk or relapse/refractory neuroblastoma
3	Eculizumab	Atypical haemolytic uraemic syndrome (aHUS)
4	Nusinersen	Infantile Onset Spinal Muscular Atrophy (SMA) / Childhood Onset SMA / Pre-symptomatic SMA
5	Onasemnogene abeparvovec	Infantile Onset SMA / Pre-symptomatic SMA
6	Ravulizumab	Paroxysmal Nocturnal Haemoglobinuria (PNH) / Atypical haemolytic uraemic syndrome (aHUS)
7	Risdiplam	Infantile Onset SMA / Childhood Onset SMA
8	Tafamidis Meglumine	For the treatment of transthyretin amyloidosis in adult patients with stage 1 symptomatic polyneuropathy to delay peripheral neurologic impairment
9	Tafamidis	For treatment of hereditary transthyretin amyloidosis in adult patients with cardiomyopathy (ATTR-CM)
10	Tisagenlecleucel	Paediatric and young adult patients up to 25 years of age with B-cell acute lymphoblastic leukaemia that is refractory, in relapse post-transplant or in second or later relapse / Adult patients with relapsed or refractory diffuse large B-cell lymphoma after two or more lines of systemic therapy
		<i>For the treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy</i>

Medical Devices Covered by the Medical Devices Programme
(As at end May 2024)

Implantable Medical Devices

No.	Medical Devices
1	Transcatheter Valve Implantation (TVI) ¹
2	MitraClip System
3	Percutaneous Pulmonary Valve Implantation (PPVI)
4	Subcutaneous Implantable Cardioverter Defibrillator (S-ICD)
5	Impella for high-risk Percutaneous Coronary Intervention (PCI) Procedures
6	Transcatheter Tricuspid Valve Repair System

¹ With the expansion of indication, name of this item has been updated as “Transcatheter Valve Implantation (TVI)”. Such item replaced two current items, namely “Transcatheter Aortic Valve Implantation (TAVI)” and “Valve-in-valve Transcatheter Aortic Valve Implantation (VIV - TAVI)”.

Details of new drugs/indications
introduced in 2023/24 and 2024/25 (Up to May 2024)

2023/24

(i) New drugs/indications

- First Phase Programme

No.	Drugs	Change	Indications	Effective Date
1.	Daratumumab and Bortezomib	New drug/indication	In combination with thalidomide and dexamethasone for the treatment of adult patients with newly diagnosed multiple myeloma (MM) who are eligible for autologous stem cell transplant	26 May 2023
2.	Niraparib	New drug/indication	As monotherapy for the maintenance treatment of adult patients with advanced Homologous Recombination Deficiency (HRd) BRCA wild-type epithelial (FIGO Stages III and IV) high-grade ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response following completion of first-line platinum-based chemotherapy	26 May 2023
3.	Avelumab	New drug/indication	Monotherapy for the first-line maintenance treatment of adult patients with locally advanced or metastatic urothelial carcinoma who are progression-free following platinum-based chemotherapy	16 Dec 2023
4.	Ibrutinib	New drug/indication	As a single agent or in combination with rituximab for the treatment of adult patients with Waldenström's macroglobulinaemia with MYD88 gene mutation who have received at least one prior therapy	16 Dec 2023
5.	Isatuximab and Pomalidomide	New drug/indication	In combination with dexamethasone for the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor and have demonstrated disease progression on the last therapy	16 Dec 2023

- UED Programme

No.	Drugs	Change	Indications	Effective Date
1.	Burosumab	New drug/indication	X-linked hypophosphataemia	26 May 2023
2.	Ravulizumab	New drug/indication	Paroxysmal nocturnal haemoglobinuria (PNH) / Atypical haemolytic uraemic syndrome (aHUS)	11 Nov 2023
3.	Onasemnogene abeparvovec	New drug/indication	Infantile Onset Spinal Muscular Atrophy (SMA) / Pre-symptomatic SMA	30 Dec 2023

(ii) New or relaxed indications

- First Phase Programme

No.	Drugs	Change	Indications	Effective Date
1.	Pembrolizumab	New indication to existing drug	As monotherapy for the treatment of paediatric patients aged 3 years and older with relapsed or refractory cHL who have failed ASCT or following at least two prior therapies when ASCT is not a treatment option	26 May 2023
2.	Pembrolizumab	New indication to existing drug	In combination with platinum and fluorouracil (FU) for the first-line treatment of patients with metastatic or with unresectable, recurrent head and neck squamous cell carcinoma (HNSCC) whose tumours express PD-L1 (CPS ≥ 1) as determined by a validated test	26 May 2023
3.	Pembrolizumab	New indication to existing drug	In combination with pemetrexed and platinum chemotherapy for first-line treatment of metastatic nonsquamous non-small cell lung cancer (NSCLC) with PD-L1 expression (Tumour Proportion Score 1-49%) with no epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumour aberrations	16 Dec 2023

No.	Drugs	Change	Indications	Effective Date
4.	Lenvatinib	New indication to existing drug	Treatment of adult patients with progressive, locally advanced or metastatic, differentiated thyroid carcinoma (papillary/ follicular/ poorly differentiated/ oncocytic carcinoma), refractory to radioactive iodine	16 Dec 2023
5.	Nivolumab	New indication to existing drug	In combination with fluoropyrimidine- and platinum-based combination chemotherapy for the 1 st line treatment of adult patients with human epidermal growth factor receptor 2 negative (HER2-ve) advanced or metastatic gastric, gastroesophageal junction or esophageal adenocarcinoma whose tumours express PD-L1 with CPS $\geq$ 5	16 Dec 2023
6.	Nivolumab and Ipilimumab	New indication to existing drug	In combination with 2 cycles of platinum double chemotherapy for first-line treatment of adult patients with metastatic or recurrent squamous NSCLC with no EGFR or ALK genomic tumour aberrations	16 Dec 2023

2024/25 (Up to May 2024)

(i) New drugs/indications

- First Phase Programme

No.	Drugs	Change	Indications	Effective Date
1.	Selumetinib	New drug/indication	For the treatment of symptomatic, inoperable plexiform neurofibromas (PN) actively progressing on imaging in paediatric patients with neurofibromatosis type 1 (NF1) aged 3 to 18 years	25 May 2024
2.	Zanubrutinib	New drug/indication	Monotherapy for the treatment of adult patients with Waldenström's macroglobulinaemia (WM) who have received at least one prior therapy	25 May 2024

(ii) New or relaxed indications

- First Phase Programme

No.	Drugs	Change	Indications	Effective Date
1.	Daratumumab and Lenalidomide	New indication to existing drug	In combination with dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy	25 May 2024
2.	Lenvatinib and Pembrolizumab	New indication to existing drug	Treatment of patients with advanced endometrial carcinoma (EC) that is mismatch repair proficient (pMMR), as determined by a validated test, or not microsatellite instability-high (MSI-H), who have disease progression following prior platinum-based chemotherapy in any setting and are not candidates for curative surgery or radiation	25 May 2024
3.	Osimertinib	New indication to existing drug	As monotherapy for the adjuvant treatment after complete tumour resection in adult patients with stage IB-IIIa non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21(L858) substitution mutations	25 May 2024
4.	Polatuzumab Vedotin and Rituximab	New indication to existing drug	In combination with cyclophosphamide, doxorubicin, and prednisone/prednisolone for the treatment of adult patients with previously untreated diffuse large B-cell lymphoma (DLBCL) and have International Prognostic Index (IPI) score 3-5	25 May 2024

- UED Programme

No.	Drug	Change	Indication	Effective Date
1.	Tisagenlecleucel	New indication to existing drug	For the treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy	25 May 2024

**Chronology of Re-positioning of Items
from Community Care Fund (CCF) Medical Assistance Programme
to Samaritan Fund & Special Drugs of Hospital Authority (HA) Drug Formulary
(As at May 2024)**

- *To Samaritan Fund*

No.	Drug and Type of Cancer	Effective Date
1.	Rituximab for Chronic Lymphocytic Leukaemia (CLL)	Apr 2013
2.	Dasatinib for Acute Lymphoblastic Leukaemia (ALL)	Apr 2013
3.	Cetuximab for Colorectal Cancer (CRC)	Aug 2016
4.	Afatinib for Non-small cell lung cancer (NSCLC) - first-line treatment	Feb 2019
5.	Erlotinib for NSCLC – first-line treatment	Feb 2019
6.	Gefitinib for NSCLC – first-line treatment	Feb 2019
7.	Sorafenib for Liver Cancer	Dec 2020
8.	Pertuzumab for Breast Cancer	Dec 2021
9.	Sunitinib [#] for Gastrointestinal Stromal Tumour (GIST)	Dec 2021
10.	Alectinib for NSCLC	May 2022
11.	Bendamustine for CLL	May 2022
12.	Osimertinib [#] for NSCLC - second-line treatment	May 2022
13.	Pazopanib for Renal Cell Carcinoma	May 2022
14.	Abiraterone for Prostate Cancer	Dec 2022
15. & 16.	Enzalutamide for Prostate Cancer – 1 st line and 2 nd line	Dec 2022
17.	Obinutuzumab for CLL	Dec 2022
18.	Axitinib for Renal Cell Carcinoma	Dec 2022
19.	Ceritinib for NSCLC	Dec 2022
20.	Nivolumab [#] for Skin Cancer	May 2023
21.	Dabrafenib and Trametinib [#] for Skin Cancer	May 2023
22.	Palbociclib for Breast Cancer	May 2023
23.	Ribociclib for Breast Cancer	May 2023
24.	Everolimus for Breast Cancer	May 2023
25.	Trastuzumab emtansine (T-DM1) for Breast Cancer	May 2023
26. 27. & 28.	Brentuximab Vedotin for Lymphoma – for three indications	May 2023
29.	Abemaciclib for Breast Cancer	Dec 2023
30.	Inotuzumab Ozogamicin for Leukaemia	Dec 2023
31.	Lenvatinib [#] for Liver Cancer	Dec 2023
32.	Atezolizumab [#] for NSCLC	Dec 2023

No.	Drug and Type of Cancer	Effective Date
33.	Brigatinib for NSCLC	Dec 2023
34.	Durvalumab for NSCLC	Dec 2023
35.	Pembrolizumab [#] for NSCLC	Dec 2023
36.	Nivolumab [#] for NSCLC	Dec 2023
37.	Nivolumab [#] for Skin Cancer	Dec 2023
38.	Abiraterone for Prostate Cancer	May 2024
39.	Olaparib for Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer	May 2024
40.	Osimertinib [#] for NSCLC	May 2024
41.	Pembrolizumab [#] for Bladder Cancer	May 2024

[#] Sunitinib, Osimertinib, Nivolumab, Dabrafenib & Trametinib, Lenvatinib, Atezolizumab, Pembrolizumab are still under CCF for other indications

- *To Special Drugs of HA Drug Formulary*

No.	Drugs and Designated Type of Cancer	Effective Date
1.	Pemetrexed for Lung Cancer	Apr 2019

**Chronology of Re-positioning of Items
from the Programme “Subsidy for Eligible Patients to Purchase
Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)”
to Samaritan Fund**

No.	Drug and Type of Disease	Effective Date
1.	Eculizumab for Paroxysmal Nocturnal Haemoglobinuria (PNH)	Jul 2020

**Details of relaxation/revision of clinical guidelines
in 2023/24 and 2024/25 (Up to May 2024)**

(i) 2023/24

- First Phase Programme

No.	Drugs	Indications	Revision	Effective Date
1.	Trastuzumab	Combined with Cisplatin & Capecitabine or 5-Fluorouracil (5FU) for HER2 overexpressed metastatic gastric disease (IHC2+ and confirmatory FISH+ result, or IHC3+) in treatment-naïve patients for their metastatic disease	Update of prescribing and dispensing of the drug with the following due to repositioning of Trastuzumab biosimilars (Herzuma®, Kanjinti®) from CCF First Phase Programme to Special Drugs of HA Drug Formulary: • New patients are recommended to use the biosimilar of Trastuzumab (Herzuma® / Kanjinti®) under Special Drugs of HADF. CCF will support Trastuzumab (Herceptin®) only for those patients continuing their treatment of Trastuzumab (Herceptin®) under CCF support for the current indication.	7 April 2023
2.	Abemaciclib	For treatment of hormone receptor (HR)+ve, human epidermal growth factor receptor 2 (HER2)-ve locally advanced or metastatic breast cancer in combination with an aromatase inhibitor, as initial endocrine therapy	Modifications of the clinical guidelines were made due to repositioning of Palbociclib and Ribociclib for the same indication from CCF First Phase Programme to SF, with the clause “(endocrine therapy for patient renewing her application with the initial application created before 11 January 2020)” removed for the exclusion criterion “Prior systemic therapy for the locally advanced / metastatic breast cancer”.	26 May 2023

No.	Drugs	Indications	Revision	Effective Date
3.	Polatuzumab Vedotin, Rituximab and Bendamustine	For the treatment of adult patients with relapsed/refractory diffuse large B-cell non-Hodgkin's Lymphoma (DLBCL) who are not candidates for haematopoietic stem cell transplant	Modifications of the clinical guidelines were made due to update of patient access programme (PAP) for Polatuzumab Vedotin: - change from 140mg preparation to 30mg preparation - cap ceiling of PAP will be changed from 5 vials to 20 vials for 30mg preparation accordingly	8 July 2023
4.	Daratumumab and Bortezomib	In combination with thalidomide and dexamethasone for the treatment of adult patients with newly diagnosed multiple myeloma who are eligible for autologous stem cell transplant	Addition of Subcutaneous (SC) formulation for Daratumumab with fixed dose of 1800mg per dose	8 July 2023
5.	Pembrolizumab	For treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy	Modifications of the clinical guidelines were made due to introduction of new drug Avelumab for similar indication, with one more clause " <i>Patients who have progressed after first-line maintenance treatment of Avelumab</i> " included in the "Exclusion Criteria".	16 Dec 2023

- UED Programme

No.	Drug	Indication	Revision	Effective Date
1.	Dinutuximab Beta	Treatment of high-risk or relapse/refractory neuroblastoma	Inclusion criteria or eligibility extended to patients of relapsed or refractory neuroblastoma with soft tissue with or without bone and/or bone marrow involvement.	26 May 2023

(ii) 2024/25 (Up to May 2024)

- First Phase Programme

No.	Drugs	Indications	Revision	Effective Date
1.	Bevacizumab	First line treatment of RAS mutant metastatic colorectal cancer in combination with chemotherapy in adult patients indicated for intensive treatment / First-line treatment of RAS wild type metastatic colorectal cancer in combination with chemotherapy in adult patients indicated for intensive treatment who are unsuitable for or intolerant to Cetuximab / Panitumumab	Revision on one of the eligibility criteria: - Have not previously received <u>progressed on</u> any chemotherapy or targeted agents for his/her metastatic disease.	25 May 2024
2.	Sunitinib	First-line treatment for advanced renal cell carcinoma	Revision on eligibility criteria: - Sunitinib is recommended as a first-line treatment option for people with advanced and/or metastatic renal cell carcinoma with clear cell component who are suitable for immunotherapy and have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, <u>yet considered not suitable for currently available combination systemic therapy.</u> The requirement of assessing the treatment response after the patient has received first 4-week of treatment was removed from the “Monitoring and Reassessment” section.	25 May 2024
3.	Lorlatinib	For the treatment of patients with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) whose disease has progressed on crizotinib and at least one other ALK inhibitor for metastatic disease; or	Revision on one of the termination criteria: - Treatment should be terminated if the patient develops <u>systemic progressive disease during treatment while systemic progressive disease is defined as diseases beyond treatment by local therapy.</u>	25 May 2024

No.	Drugs	Indications	Revision	Effective Date
		alectinib or ceritinib or brigatinib as the first ALK inhibitor therapy for metastatic disease		

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**Administrative cost budget for 2024/25
of the three Community Care Fund Medical Assistance Programmes**

Budget Programmes	First Phase Programme (\$ million)	UED Programme (\$ million)	MD Programme (\$ million)	Total (\$ million)
Staff cost	22.48	10.26	1.58	34.32
Computer system	2.00 ¹	-	-	2.00
Audit fee ²	-	-	-	-
Others	0.81	1.28	0.20	2.29
Contingency	2.81	1.28	0.19	4.28
Total	28.10	12.82	1.97	42.89

¹ The budget has included the estimated expenditure of computer system for the three Medical Assistance Programmes.

² The existing auditor provides free audit services for the three Medical Assistance Programmes.