

CONTROLLING OFFICER'S REPLY

FHB(H)134

(Question Serial No. 0057)

Head: (140) Government Secretariat: Food and Health Bureau
(Health Branch)

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in treatment, please advise on the following:

- a) the number of rare disease patients currently being treated by the Hospital Authority with a breakdown by type of diseases;
- b) the number of rare disease patients currently being subsidised by the Samaritan Fund and the Community Care Fund with the expenditures involved; and
- c) the number of rare disease patients not receiving any subsidies and the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 14)

Reply:

a) to c)

The Government and the Hospital Authority (HA) place high importance in providing optimal care for all patients, including those with uncommon disorders, based on available medical evidence while ensuring optimal and rational use of public resources. HA makes use of the recurrent funding from the Government, the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes to provide sustainable, affordable and optimal care for all patients, including those with uncommon disorders.

Currently, HA makes use of the designated funding from the Government to provide a special drug programme for treatment of specific lysosomal storage disorders (LSDs) through enzyme replacement therapy (ERT).

In view of the rising demand for patients with uncommon disorders to receive ultra-expensive drug treatments, the Government and HA rolled out in August 2017 a CCF Medical Assistance Programme, namely "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" (the CCF

Ultra-expensive Drugs Programme). HA Expert Panels on the respective drugs under these arrangements will assess the clinical benefits of drug treatments on a case-by-case basis according to specific patients' clinical conditions and established treatment guidelines.

The following table sets out the number of HA patients who were on drug treatment in HA under the aforementioned arrangements as at 31 December 2019.

Uncommon Disorders	Number of HA patients on drug treatment as at 31 December 2019
1. LSD	
a) Pompe	10
b) Gaucher	3
c) Fabry	11
d) Mucopolysaccharidosis (MPS) Type I	2
e) MPS Type IV	2
f) MPS Type VI	1
2. Paroxysmal Nocturnal Haemoglobinuria (PNH)	10
3. Atypical Haemolytic Uraemic Syndrome (aHUS)	3
4. Spinal Muscular Atrophy (SMA)	13 ^{Note 1}
5. Familial Amyloid Polyneuropathy (FAP)	1 ^{Note 2}

Note:

1. An Expanded Access Programme (EAP) was implemented in May 2018 to provide free treatment for patients with infantile onset SMA and the EAP programme ended in December 2018. These patients have continued to receive their drug treatment under the CCF Ultra-expensive Drugs Programme since 2019.
2. The drug Tafamidis for treatment of FAP has been included into the coverage of the CCF Ultra-expensive Drugs Programme with effect from 13 July 2019.

The following table sets out the number of applications approved and the amount of subsidies granted under the CCF Ultra-expensive Drugs Programme since its implementation in August 2017 (up to 31 December 2019):

Treatment with ultra-expensive drugs	Number of applications approved	Amount of subsidies granted (\$ million)
a) Eculizumab for PNH ^{Note 1}	28	113.41
b) Eculizumab for aHUS ^{Note 2}	3	11.04
c) Nusinersen for SMA ^{Note 3}	13	33.20
d) Tafamidis for FAP ^{Note 4}	1	0.88
TOTAL	45	158.53

Note:

1. From 1 August 2017 to 31 December 2019
2. From 25 November 2017 to 31 December 2019
3. From 25 September 2018 to 31 December 2019
4. From 13 July 2019 to 31 December 2019

HA does not have details of the total number of rare disease / uncommon disorder patients currently being treated and the number of rare disease / uncommon disorder patients not receiving subsidies under the SF and the CCF Medical Assistance Programmes.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)325****(Question Serial No. 5802)**

Head: (140) Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title): (514) Hospital Authority

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the following:

1. Please provide a breakdown by item of the number of applications approved and the expenditure incurred over the past 5 years under the Samaritan Fund managed by the Hospital Authority; and
2. Regarding the relaxation of the means test of the Samaritan Fund, what are the estimated number of patients to be benefited and additional expenditure involved?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 417)

Reply:

1.

The tables below set out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund (SF) in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

Items	2015-16	
	Number of applications approved	Amount of subsidies granted (\$ million)
Drugs	2 237	317.5
Non-drugs:		
Cardiac Pacemakers	480	27.2
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 975	108.7
Intraocular Lens	1 296	1.9
Home use equipment and appliances	27	0.7

Items	2015-16	
	Number of applications approved	Amount of subsidies granted (\$ million)
Gamma knife surgeries in private hospital	0*	0*
Harvesting bone marrow in foreign countries	30	6.3
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	54	0.7
Total	6 099	463.0

* No application for this item was received.

Items	2016-17	
	Number of applications approved	Amount of subsidies granted (\$ million)
Drugs	2 555	332.4
Non-drugs:		
Cardiac Pacemakers	582	34.0
PTCA and other consumables for interventional cardiology	2 299	132.0
Intraocular Lens	1 357	2.0
Home use equipment and appliances	41	1.2
Gamma knife surgeries in private hospital	4	0.4
Harvesting bone marrow in foreign countries	24	5.8
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	75	0.9
Total	6 937	508.7

Items	2017-18	
	Number of applications approved	Amount of subsidies granted (\$ million)
Drugs	2 384	331.7
Non-drugs:		
Cardiac Pacemakers	562	33.8
PTCA and other consumables for interventional cardiology	2 395	140.3
Intraocular Lens	1 257	1.9
Home use equipment and appliances	21	0.6

Items	2017-18	
	Number of applications approved	Amount of subsidies granted (\$ million)
Gamma knife surgeries in private hospital	1	0.1
Harvesting bone marrow in foreign countries	32	5.9
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	93	1.4
Total	6 745	515.7

Items	2018-19	
	Number of applications approved	Amount of subsidies granted (\$ million)
Drugs	2 866	421.8
Non-drugs:		
Cardiac Pacemakers	656	41.1
PTCA and other consumables for interventional cardiology	2 589	157.1
Intraocular Lens	1 210	1.9
Home use equipment and appliances	30	0.6
Gamma knife surgeries in private hospital	0*	0*
Harvesting bone marrow in foreign countries	28	6.3
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	87	1.7
Total	7 466	630.5

* No application for this item was received.

Items	2019-20 (Up to 31 December 2019)	
	Number of applications approved	Amount of subsidies granted (\$ million)
Drugs	3 434	468.6
Non-drugs:		
Cardiac Pacemakers	556	37.0
PTCA and other consumables for	2 429	153.7

Items	2019-20 (Up to 31 December 2019)	
	Number of applications approved	Amount of subsidies granted (\$ million)
interventinal cardiology		
Intraocular Lens	856	1.3
Home use equipment and appliances	25	0.5
Gamma knife surgeries in private hospital	2	0.3
Harvesting bone marrow in foreign countries	31	5.8
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	68	1.3
Total	7 401	668.5

The above data does not include those withdrawn / cancelled applications.

2.

The Government and the Hospital Authority (HA) introduced measures in early 2019 to enhance the means test mechanism for the Safety Net (i.e. SF and Community Care Fund Medical Assistance Programmes). The enhancement measures include modifying the calculation of annual disposable financial resources for drug subsidy application by counting only 50% of the patients' household net assets and refining the definition of "household" adopted in financial assessment.

Based on the data of drug subsidy applications of Safety Net approved from mid-June 2017 to February 2018, it was estimated that the enhancement measures would lower patient contribution for around 1 005 existing applications per year. Apart from the existing applications, by assuming a 30% increase in the number of non-Comprehensive Social Security Assistance applications for drug subsidy under Safety Net after implementation of the enhancement measures, it was roughly estimated that there would be around 40% increase in total annual drug subsidy.

The Government and the HA have been closely monitoring the impact of the enhancement measures on patients' applications and would review their effectiveness in due course.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)335

(Question Serial No. 5812)

Head: (140) Government Secretariat: Food and Health Bureau
(Health Branch)

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the following:

1. What were the details for the past 5 year of the assistance provided to patients through the Expanded Access Programme or compassionate programmes under the Hospital Authority, including the diseases covered, the number of patients benefitted, the expenditure involved and the time taken to introduce new drugs?
2. What are the details for the coming year of the assistance to be provided to patients through the Expanded Access Programme or compassionate programmes under the Hospital Authority, including the diseases covered, the number of patients benefitted, the estimated expenditure and the estimated time required for introducing new drugs?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 427)

Reply:

1. & 2.

The Government and the Hospital Authority (HA) places high importance in providing optimal care for all patients based on available medical evidence while ensuring optimal and rational use of public resources. HA makes use of the recurrent funding from the Government, the Samaritan Fund and the Community Care Fund (CCF) Medical Assistance Programme to provide sustainable, affordable and optimal care for all patients, including those with uncommon disorders.

To facilitate assessment of new drugs for listing on the HA Drug Formulary, enable early access by individual patients to new drug treatments and explore the long-term arrangements for provision of ultra-expensive drugs for patients with specific diseases, HA would liaise with pharmaceutical companies on providing special drug programmes, having regard to the exceptional circumstances of specific individual patients.

Currently, HA makes use of the designated funding from the Government to provide a special drug programme for treatment of specific lysosomal storage disorders (LSDs) through enzyme replacement therapy (ERT).

In view of the rising demand for patients with uncommon disorders to receive ultra-expensive drug treatments, the Government and HA rolled out in August 2017 a CCF Medical Assistance Programme, namely “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)” (the CCF Ultra-expensive Drugs Programme). HA Expert Panels on the respective drugs under these arrangements assess the clinical benefits of drug treatments on a case-by-case basis according to specific patients’ clinical conditions and established treatment guidelines.

The following table sets out the number of HA patients with special drug programmes who were on drug treatment in HA under the above-said arrangements as at 31 December 2019:

Uncommon Disorders	Number of HA patients on drug treatment (as at 31 December 2019)
1. LSD	
a) Pompe	10
b) Gaucher	3
c) Fabry	11
d) Mucopolysaccharidosis (MPS) Type I	2
e) MPS Type IV	2
f) MPS Type VI	1
2. Paroxysmal Nocturnal Haemoglobinuria (PNH)	10
3. Atypical Haemolytic Uraemic Syndrome (aHUS)	3
4. Spinal Muscular Atrophy (SMA)	13 ^{Note 1}
5. Familial Amyloid Polyneuropathy (FAP)	1 ^{Note 2}

Note:

1. An Expanded Access Programme (EAP) was implemented in May 2018 to provide free treatment for patients with infantile onset SMA and the EAP programme ended in December 2018. These patients have continued to receive their drug treatment under the CCF Ultra-expensive Drugs Programme since 2019.
2. The drug Tafamidis for treatment of FAP has been included into the coverage of the CCF Ultra-expensive Drugs Programme with effect from 13 July 2019.

The following table sets out the expenditure incurred on the provision of ERT in the past 5 years from 2015-16 to 2019-20:

2015-16 (\$ Million)	2016-17 (\$ Million)	2017-18 (\$ Million)	2018-19 (\$ Million)	2019-20 (up to 31 December 2019) (\$ Million)
48.3	52.8	54.4	55.9	45.8

The following table sets out the number of applications approved and the amount of subsidies granted under the CCF Ultra-expensive Drugs Programme since its implementation in August 2017 (up to 31 December 2019):

Treatment with Ultra-expensive Drugs	Number of applications approved	Amount of subsidies granted (\$ million)
a) Eculizumab for PNH ^{Note 1}	28	113.41
b) Eculizumab for aHUS ^{Note 2}	3	11.04
c) Nusinersen for SMA ^{Note 3}	13	33.20
d) Tafamidis for FAP ^{Note 4}	1	0.88
TOTAL	45	158.53

Note:

1. From 1 August 2017 to 31 December 2019
2. From 25 November 2017 to 31 December 2019
3. From 25 September 2018 to 31 December 2019
4. From 13 July 2019 to 31 December 2019

HA will continue to liaise with individual drug companies on provision of special drug programmes on specific diseases, including uncommon disorders. HA will also put forth suitable drugs recommended under the established mechanism to the CCF Task Force Chairperson for consideration of inclusion in the CCF Ultra-expensive Drugs Programme to provide subsidy for patients.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)336

(Question Serial No. 5813)

Head: (140) Government Secretariat: Food and Health Bureau
(Health Branch)

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the following concerning the Drug Formulary over the past 5 years:

- (1) the numbers of drugs in each category, i.e. General drugs, Special drugs, Self-financed items with safety net and Self-financed items without safety net, the numbers of cases they were prescribed and the expenditures involved;
- (2) the numbers of Self-financed items repositioned as Special or General drugs and the expenditures involved; and
- (3) the numbers of Special drugs repositioned as General drugs and the expenditures involved. What are the estimated numbers of drugs in each category, i.e. General drugs, Special drugs, Self-financed items with safety net and Self-financed items without safety net, the numbers of cases they will be prescribed and the estimated expenditures involved in the coming year?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 428)

Reply:

(1)

The table below sets out the number of General drugs, Special drugs, Self-financed items, drugs covered by the safety net provided through the Samaritan Fund and drugs supported by the Community Care Fund (CCF) Medical Assistance Programme in the Hospital Authority Drug Formulary (HADF) in the past 5 years from 2015-16 to 2019-20:

Number of drugs

Drug Category	January 2016	January 2017	January 2018	January 2019	January 2020
General drugs	891	869	824	880	888
Special drugs	343	360	363	372	407
Self-financed items	74	71	68	75	65
Drugs covered by the Samaritan Fund	22	26	29	33	42
Drugs covered by the CCF Medical Assistance Programme	10	13	17	20	27
Total *	1 340	1 339	1 301	1 380	1 429

* A drug may fall in more than 1 category (General, Special, Self-financed, Self-financed with safety net) in the HADF due to different therapeutic indications or dose presentations. The figures are gross summation of drugs in all categories in the HADF.

As drugs may have various clinical indications which may fall into different categories (General, Special, Self-financed or Self-financed with safety net), the Hospital Authority (HA) is unable to provide the respective numbers of cases prescribed under the different categories.

The table below sets out the amount of drug consumption expenditures on General and Special drugs in the HADF (i.e. the expenditure on General drugs and Special drugs prescribed to patients at standard fees and charges) in the past 5 years from 2015-16 to 2019-20.

	2015-16	2016-17	2017-18	2018-19	2019-20
Drug consumption expenditure on General and Special drugs in the HADF (\$ million)	4,570	5,020	5,372	5,662	6,206*

* Projection based on the expenditure figure as at 31 December 2019

(2) & (3)

The table below sets out the number of Self-financed items repositioned as Special or General drugs and the number of Special drugs repositioned as General drugs in the HADF in the past 5 years from 2015-16 to 2019-20.

	2015-16	2016-17	2017-18	2018-19	2019-20
Number of Self-financed items repositioned as Special or General drugs	5	4	5	3	16
Number of Special drugs repositioned as General drugs	9	0	8	1	0

HA does not maintain statistics on the expenditure involved in the repositioning of Self-financed items as Special or General drugs and the repositioning of Special drugs as General drugs in the HADF.

Since appraisal of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics, HA is unable to project the number of drugs in each category of the HADF, the number of prescriptions and the estimated expenditure involved in 2020-21.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)375

(Question Serial No. 4608)

Head: (140) Government Secretariat: Food and Health Bureau
(Health Branch)

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the use of drugs, would the Government provide the following information:

- a. the number of drugs registered in Hong Kong over the past 3 years;
- b. the number of drugs registered in Hong Kong which have been listed in the Drug Formulary; and among these, the respective number of subsidised and self-financed drugs over the past 3 years;
- c. the number of drugs newly incorporated into and removed from the Drug Formulary and the expenditure involved over the past 3 years;
- d. the expenditure involved in the Hospital Authority (HA)'s provision of general drugs and standard drugs to patients in accordance with the Drug Formulary over the past 3 years;
- e. the amount of patients' contribution to self-financed drugs, the number of cases covered by the Samaritan Fund and the Community Care Fund, and the amount of subsidies granted over the past 3 years (with a breakdown by the types of drugs);
- f. the average, shortest and longest time taken for a drug to be registered and listed in the Drug Formulary since its inception in 2005;
- g. the number of non-formulary drugs used by HA in each of the past 5 years, with a breakdown of drugs used (i) 1 to 3 times; (ii) 4 to 6 times; (iii) 7 to 9 times; (iv) 10 times or more;
- h. whether applications have been made for incorporating the above drugs into the Drug Formulary after they were used. If so, please provide: (i) the number of drugs succeeded in incorporating into the Drug Formulary, with a breakdown of the number of applications made previously; (ii) the number of drugs that failed in their applications, with a breakdown of the number of applications made previously for each drug.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 191)

Reply:

a.

The table below sets out the number of registered pharmaceutical products in Hong Kong in the past 3 years:

	2017	2018	2019
Number of Registered Pharmaceutical Products in Hong Kong	18 120	17 323	16 186

b.

The table below sets out the number of subsidised and self-financed drugs in the Hospital Authority Drug Formulary (HADF) as at January 2018, 2019 and 2020.

Drug Category	Number of Drugs		
	January 2018	January 2019	January 2020
a) Subsidised drugs provided at standard fees and charges in public hospitals and clinics			
i) General drugs	824	880	888
ii) Special drugs ⁽¹⁾	363	372	407
b) Self-financed drugs			
i) Self-financed items (SFI)	68	75	65
ii) Drugs covered by the Samaritan Fund (SF)	29	33	42
iii) Drugs supported by the Community Care Fund (CCF) Medical Assistance Programmes	17	20	27
Total number of drugs in HADF ⁽²⁾	1 301	1 380	1 429

Note:

1. Special drugs are used under specific clinical conditions with specific specialist authorisation. Patients who do not meet specified clinical conditions but choose to use Special drugs have to pay for the drugs.
2. A drug may fall in more than 1 category (General, Special, Self-financed or Self-financed with Safety Net) in HADF due to different therapeutic indications or dose presentations. The total number is the gross summation of drugs in all categories in HADF.

c. and d.

The table below sets out the number of drugs newly incorporated into and removed from HADF in 2017-18, 2018-19 and 2019-20.

	2017-18	2018-19	2019-20
Number of new drugs incorporated into HADF	50	38	57
Number of drugs removed from HADF	86	54	19

The amount of drug consumption expenditure on General and Special Drugs in HADF (i.e. the expenditure on General Drugs and Special Drugs prescribed to patients at standard fees and charges) in 2017-18, 2018-19 and 2019-20 (projection based on expenditure figure as at 31 December 2019) are \$5,372 million, \$5,662 million and \$6,206 million respectively.

e.

The table below sets out patients' contribution to Self-financed drug items covered by the SF and the CCF Medical Assistance Programmes, as well as other Self-financed drug items purchased through the Hospital Authority (HA) in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

	2017-18 (\$ million)	2018-19 (\$ million)	2019-20 (up to 31 December 2019) (\$ million)
Patients' contribution to SFI drugs covered by SF	28.1	33.3	27.3
Patients' contribution to SFI drugs covered by CCF Medical Assistance Programme	15.0	19.7	19.9
Patients' contribution to other SFI drugs	592.5	752.1	596.9

The tables below set out the names of self-financed drug items covered by SF and CCF Medical Assistance Programmes, the number of applications approved and the amount of subsidies granted in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019):

SF

2017-18		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Abatacept	35	3.12
Adalimumab	148	15.18
Azacitidine	51	12.89
Bortezomib	99	17.69
Canakinumab	2	0.69
Certolizumab Pegol	29	2.17
Cetuximab	36	3.62
Crizotinib	47	9.84
Dasatinib	120	22.52
Eltrombopag	48	3.76

2017-18		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Erlotinib	7	0.71
Etanercept	200	17.84
Everolimus	6	0.94
Fingolimod	31	7.38
Gefitinib	7	0.48
Golimumab	144	12.81
Imatinib	215	34.00
Infliximab	38	4.30
Interferon	2	0.40
Lenalidomide	49	7.45
Natalizumab	0*	0*
Nilotinib	114	27.06
Plerixafor	18	1.48
Rituximab	271	21.94
Temozolomide	48	3.13
Tocilizumab	124	8.17
Trastuzumab	489	91.65
Ustekinumab	6	0.48
Total:	2 384	331.70

* No application for this drug was received in 2017-18.

2018-19		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Abatacept	41	3.69
Adalimumab	165	17.13
Afatinib	16	2.34
Alemtuzumab	2	0.61
Azacitidine	72	21.79
Bortezomib	127	25.84
Canakinumab	3	0.95
Certolizumab Pegol	36	2.64
Cetuximab	152	43.32
Crizotinib	62	13.62
Dasatinib	119	24.96
Eltrombopag	61	5.60
Erlotinib	51	5.41
Etanercept	203	18.33
Everolimus	14	1.75
Fingolimod	25	5.62

2018-19		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Gefitinib	87	8.25
Golimumab	162	13.99
Imatinib	217	35.60
Infliximab	34	3.68
Interferon	1	0.22
Lenalidomide	68	9.75
Natalizumab	0*	0*
Nilotinib	119	28.48
Panitumumab	2	0.65
Plerixafor	22	1.18
Rituximab	254	20.88
Secukinumab	34	3.15
Temozolomide	40	1.46
Tocilizumab	134	8.78
Tofacitinib	43	2.32
Trastuzumab	485	87.60
Ustekinumab	15	2.18
Vedolizumab	0*	0*
Total:	2 866	421.77

* No application for this drug was received in 2018-19.

2019-20 (Up to 31 December 2019)		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Abatacept	32	3.16
Adalimumab	139	14.65
Afatinib	77	9.84
Alemtuzumab	3	0.97
Azacitidine	98	16.00
Bortezomib	141	31.93
Canakinumab	3	1.07
Ceritinib	8	2.53
Certolizumab Pegol	37	2.75
Cetuximab	177	49.64
Crizotinib	59	11.61
Dasatinib	95	19.78
Eltrombopag	69	6.46
Erlotinib	391	37.59
Etanercept	153	14.32
Everolimus	0*	0*

2019-20 (Up to 31 December 2019)		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Fingolimod	1	0 [#]
Gefitinib	454	41.38
Golimumab	132	11.74
Ibrutinib	7	2.39
Imatinib	202	35.27
Infliximab	29	3.23
Interferon	0*	0*
Lenalidomide	58	7.42
Natalizumab	0*	0*
Nilotinib	84	21.35
Nintedanib (Ofev)	22	4.35
Obinutuzumab	23	2.60
Panitumumab	16	3.22
Plerixafor	21	1.50
Rituximab	226	20.71
Secukinumab	74	7.00
Temozolomide	15	0.52
Tocilizumab	122	8.30
Tofacitinib	106	6.05
Trastuzumab	352	68.54
Ustekinumab	4	0.40
Vedolizumab	4	0.29
Total:	3 434	468.56

* No application for this drug was received in 2019-20 (Up to December 2019).

[#] No subsidy was used for the case due to the re-positioning of the drug from SF to Special Drug of HADF with effect from 13 April 2019.

CCF Medical Assistance Programme (First Phase Programme)

2017-18		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Abiraterone	30	4.15
Afatinib	48	6.27
Bendamustine	8	2.00
Bevacizumab	43	6.24
Enzalutamide	30	4.19
Erlotinib	383	36.28
Gefitinib	486	42.24
Lapatinib	110	7.02

2017-18		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Pazopanib	50	5.16
Pegylated liposomal Doxorubicin	53	3.47
Pemetrexed	350	7.01
Pertuzumab	48	21.36
Sorafenib	300	14.07
Sunitinib	61	7.00
Trastuzumab	9	1.60
Vemurafenib	3	0.72
Total:	2 012	168.78

2018-19		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Abiraterone	34	4.11
Afatinib	61	6.75
Alectinib	5	1.98
Axitinib	7	0.38
Bendamustine	6	1.30
Bevacizumab	211	27.39
Ceritinib	1	0.09
Enzalutamide	28	3.45
Erlotinib	349	30.16
Everolimus	3	0.44
Gefitinib	486	37.63
Lapatinib	113	7.28
Nivolumab	13	4.39
Obinutuzumab	6	1.49
Osimertinib	20	5.68
Palbociclib	23	5.52
Pazopanib	61	9.47
Pegylated liposomal Doxorubicin	58	3.66
Pemetrexed	291	4.48
Pertuzumab	128	49.95
Sorafenib	281	14.44
Sunitinib	50	5.11
Trastuzumab	11	1.96
Trastuzumab emtansine (T-DM1)	10	3.07

2018-19		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Vemurafenib	7	1.63
Total:	2 263	231.81

2019-20 (Up to 31 December 2019)		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Abiraterone	21	2.75
Alectinib	34	9.29
Axitinib	18	1.01
Bendamustine	5	1.17
Bevacizumab	249	35.85
Certinib	13	1.60
Enzalutamide	99	13.96
Everolimus	21	2.75
Lapatinib	39	2.51
Nivolumab	16	5.29
Obinutuzumab	8	0.68
Osimertinib	123	32.63
Palbociclib	105	22.20
Pazopanib	64	8.55
Pegylated liposomal Doxorubicin	55	3.94
Pemetrexed	11	0.00
Pertuzumab	131	51.19
Ribociclib	18	3.71
Sorafenib	243	11.45
Sunitinib	43	4.87
Trastuzumab	10	2.06
Trastuzumab emtansine (T-DM1)	46	12.40
Vemurafenib	4	0.83
Total:	1 376	230.69

CCF Medical Assistance Programme “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)”

2017-18 ^{Note 1}		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Eculizumab	9	35.58

2018-19		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Eculizumab	10	40.99
Nusinersen ^{Note 2}	4	5.44
Total:	14	46.43

2019-20 (Up to 31 December 2019)		
Drugs	No. of applications approved	Amount of subsidies granted (\$ million)
Eculizumab	12	47.88
Nusinersen ^{Note 2}	9	27.76
Tafamidis ^{Note 3}	1	0.88
Total:	22	76.52

Note 1: The CCF Medical Assistance Programme “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)” was implemented on 1 August 2017.

Note 2: The drug Nusinersen has been included into the coverage of the CCF Programme with effect from 25 September 2018.

Note 3: The drug Tafamidis has been included into the coverage of the CCF Programme with effect from 13 July 2019.

The above data does not include those withdrawn / cancelled applications.

f.

HA has an established mechanism with the support of 21 expert panels to regularly evaluate new drugs and review the existing drugs in HADF. The process follows an evidence-based approach, having regard to the principles of safety, efficacy and cost-effectiveness of drugs and taking into account various factors, including international recommendations and practices, advance in technology, disease state, patient compliance, quality of life, actual experience in the use of drugs and views of professionals and patient groups.

Under the existing mechanism, clinicians would submit new drug applications, based on service needs, to the HA Drug Advisory Committee (DAC) for consideration of listing on HADF. The DAC would review all new drug applications every 3 months. Appraisal of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics. HA does not capture data on the average, shortest and

longest time between the registration of new drugs with the Pharmacy and Poisons Board and their listing on HADF.

g.

Drugs listed on HADF are intended for corporate-wide use benefitting the entire local population while drugs outside HADF are to cater for the clinical needs of individual patients in exceptional situations. The use of drugs outside HADF is an integral part of medical care to bridge the gap between population and individual needs to ensure that patients are provided with appropriate clinical care. Clinicians would prescribe appropriate treatments based on their clinical expertise and professional judgement, taking into consideration the clinical conditions of individual patients. HA does not maintain statistics on the number of times that drugs outside HADF were used.

The following table sets out the number of drug items outside HADF prescribed in HA from 2015-16 to 2019-20 (up to 31 December 2019).

	2015-16	2016-17	2017-18	2018-19	2019-20
Number of drug items outside HADF used	362	303	210	205	198*

* Figure as at 31 December 2019

h.

As HA is a publicly-funded healthcare service provider, the coverage of HADF is driven by clinical service needs. Drugs listed on HADF are intended for corporate-wide use benefitting the entire local population while drugs outside HADF are to cater for the clinical needs of individual patients in exceptional situations. Clinicians would initiate applications for new drug listing according to service needs.

The DAC does not accept applications for listing unregistered drugs on HADF. The table below sets out the number of registered drugs that had been incorporated into HADF or rejected for listing on HADF, and their corresponding number of applications made to the DAC between 2015-16 and 2019-20.

	Total Number	Number of Applications Made					
		One	Two	Three	Four	Five	Six
Number of drugs approved by the DAC for listing on HADF	123	86	21	12	2	2	0
Number of drugs rejected by the DAC for listing on HADF	36	22	10	3	1	0	0

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)385

(Question Serial No. 4620)

Head: (140) Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title): ()

Programme: Not specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding cancer drugs, please advise on the following:

a. What were the numbers of patients receiving various types of cancer treatment from the Hospital Authority (HA) over the past 3 years? How many of them received drug subsidies and what were the subsidy amounts? How many of them were required to purchase drugs at their own expenses? What were the maximum and average amounts of expenses borne by patients for each type of self-financed drugs? Please provide a breakdown by cancer type and drug.

b. Please set out in the table below the details of the subsidies for cancer drugs from the HA, the Samaritan Fund (SF) and the Community Care Fund (CCF) over the past 3 years:

Cancer type	No. of patients	Purchase of drugs with subsidies from the SF				Purchase of drugs with subsidies from the CCF				Purchase of drugs with subsidies from other funds (please specify the name of the fund)			
		No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs	No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs	No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 203)

Reply:

a.

The Hospital Authority (HA) does not have readily available information on the breakdown of patient number, drug expenditure for treatments provided at standard fees and charges and amount of patients' expenditure on self-financed drugs by cancer types in HA.

The total number of cancer patients receiving treatment at standard fees and charges in HA and the total drug consumption expenditure involved for all types of cancers in 2017-18, 2018-19 and 2019-20 (projection as of 31 December 2019) are set out in the table below.

Year	Number of Cancer Patients Receiving Treatment in HA[@]	Drug Consumption Expenditure Involved (\$ Million)
2017-18	135 700	575.5
2018-19	140 300	628.2
2019-20	144 000	867.0

[@] Figures rounded to the nearest hundred

b.

The tables below set out the names of cancer drugs covered by the Samaritan Fund and the Community Care Fund Medical Assistance Programme (the First Phase Programme), the number of applications received and approved, and the amount of subsidies granted in 2017- 18, 2018-19 and 2019-20 (up to 31 December 2019).

Samaritan Fund

2017-18				
Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
Acute Lymphoblastic leukaemia (ALL)	Dasatinib	11	11	1.92
Brain cancer	Temozolomide	48	48	3.13
Breast cancer	Trastuzumab	489	489	91.65
Chronic Lymphocytic Leukaemia	Rituximab	18	18	1.59
Chronic Myeloid Leukaemia (CML)	Dasatinib	109	109	20.60
	Nilotinib	114	114	27.06
Colorectal cancer	Cetuximab	36	36	3.62

2017-18				
Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
Gastrointestinal Stromal tumour (GIST)	Imatinib	215	215	34.00
Lung cancer	Crizotinib	47	47	9.84
	Erlotinib	7	7	0.71
	Gefitinib	7	7	0.48
Lymphoma	Rituximab	223	223	17.80
Myelodysplastic Syndromes / chronic myelomonocytic leukaemia / acute myeloid leukaemia	Azacitidine	51	51	12.89
Myeloma	Bortezomib	99	99	17.69
	Lenalidomide	49	49	7.45
Total		1 523	1 523	250.43

2018-19				
Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
Acute Lymphoblastic leukaemia (ALL)	Dasatinib	12	12	2.75
Brain cancer	Temozolomide	40	40	1.46
Breast cancer	Trastuzumab	485	485	87.60
Chronic Lymphocytic Leukaemia	Rituximab	11	11	1.08
Chronic Myeloid Leukaemia (CML)	Dasatinib	107	107	22.21
	Nilotinib	119	119	28.48
Colorectal cancer	Cetuximab	152	152	43.32
	Panitumumab	2	2	0.65
Gastrointestinal Stromal tumour (GIST)	Imatinib	217	217	35.60
Lung cancer	Afatinib	16	16	2.34
	Crizotinib	62	62	13.62
	Erlotinib	51	51	5.41
	Gefitinib	87	87	8.25
Lymphoma	Rituximab	218	218	17.59

2018-19				
Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
Myelodysplastic Syndromes / chronic myelomonocytic leukaemia / acute myeloid leukaemia	Azacitidine	72	72	21.79
Myeloma	Bortezomib	127	127	25.84
	Lenalidomide	68	68	9.75
Total		1 846	1 846	327.74

2019-20 (Up to 31 December 2019)				
Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
Acute Lymphoblastic leukaemia (ALL)	Dasatinib	8	8	2.13
Brain cancer	Temozolomide	15	15	0.52
Breast cancer	Trastuzumab	352	352	68.54
Chronic Lymphocytic Leukaemia	Rituximab	8	8	0.62
Chronic Myeloid Leukaemia (CML)	Dasatinib	87	87	17.65
	Nilotinib	84	84	21.35
Colorectal cancer	Cetuximab	177	177	49.64
	Panitumumab	16	16	3.22
Gastrointestinal Stromal tumour (GIST)	Imatinib	202	202	35.27
Lung cancer	Afatinib	77	77	9.84
	Ceritinib	8	8	2.53
	Crizotinib	59	59	11.61
	Erlotinib	391	391	37.59
	Gefitinib	454	454	41.38
Lymphoma	Ibrutinib	7	7	2.39
	Obinutuzumab	23	23	2.60
	Rituximab	191	191	17.70
Myelodysplastic Syndromes / chronic myelomonocytic leukaemia / acute myeloid leukaemia	Azacitidine	98	98	16.00

2019-20 (Up to 31 December 2019)				
Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
Myeloma	Bortezomib	141	141	31.93
	Lenalidomide	58	58	7.42
Total		2 456	2 456	379.93

Community Care Fund Medical Assistance Programme - First Phase Programme

2017-18				
Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
Breast cancer	Lapatinib	110	110	7.02
	Pertuzumab	48	48	21.36
Colorectal cancer	Bevacizumab	27	27	1.82
Liver cancer	Sorafenib	300	300	14.07
Gastric carcinoma	Trastuzumab	9	9	1.60
Gastrointestinal tumour	Sunitinib	29	29	3.00
Leukaemia	Bendamustine	8	8	2.00
Lung cancer	Afatinib	48	48	6.27
	Erlotinib	383	383	36.28
	Gefitinib	486	486	42.24
	Pemetrexed	350	350	7.01
Ovarian cancer	Pegylated liposomal Doxorubicin	53	53	3.47
Renal cell carcinoma	Sunitinib	32	32	4.00
	Pazopanib	50	50	5.16
Skin cancer	Vemurafenib	3	3	0.72
Prostate cancer	Abiraterone	30	30	4.15
	Enzalutamide	30	30	4.19
Epithelial Ovarian / fallopian tube / primary peritoneal cancer	Bevacizumab	16	16	4.42
Total		2 012	2 012	168.78

2018-19				
Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
Breast cancer	Everolimus	3	3	0.44
	Lapatinib	113	113	7.28
	Palbociclib	23	23	5.52
	Pertuzumab	128	128	49.95
	Trastuzumab emtansine (T-DM1)	10	10	3.07
Colorectal cancer	Bevacizumab	167	167	19.79
Liver cancer	Sorafenib	281	281	14.44
Gastric carcinoma	Trastuzumab	11	11	1.96
Gastrointestinal tumour	Sunitinib	25	25	2.87
Leukaemia	Bendamustine	6	6	1.30
	Obinutuzumab	6	6	1.49
Lung cancer	Afatinib	61	61	6.75
	Alectinib	5	5	1.98
	Ceritinib	1	1	0.09
	Erlotinib	349	349	30.16
	Gefitinib	486	486	37.63
	Osimertinib	20	20	5.68
	Pemetrexed	291	291	4.48
Ovarian cancer	Pegylated liposomal Doxorubicin	58	58	3.66
Renal cell carcinoma	Axitinib	7	7	0.38
	Sunitinib	25	25	2.24
	Pazopanib	61	61	9.47
Skin cancer	Nivolumab	13	13	4.39
	Vemurafenib	7	7	1.63
Prostate cancer	Abiraterone	34	34	4.11
	Enzalutamide	28	28	3.45
Epithelial Ovarian / fallopian tube / primary peritoneal cancer	Bevacizumab	44	44	7.60
Total		2 263	2 263	231.81

2019-20 (Up to 31 December 2019)				
Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
Breast cancer	Everolimus	21	21	2.75
	Lapatinib	39	39	2.51
	Palbociclib	105	105	22.20
	Pertuzumab	131	131	51.19
	Ribociclib	18	18	3.71
	Trastuzumab emtansine (T-DM1)	46	46	12.40
Colorectal cancer	Bevacizumab	219	219	31.03
Liver cancer	Sorafenib	243	243	11.45
Gastric carcinoma	Trastuzumab	10	10	2.06
Gastrointestinal tumour	Sunitinib	21	21	2.44
Leukaemia	Bendamustine	5	5	1.17
	Obinutuzumab	8	8	0.68
Lung cancer	Alectinib	34	34	9.29
	Ceritinib	13	13	1.60
	Osimertinib	123	123	32.63
	Pemetrexed	11	11	0.00
Ovarian cancer	Pegylated liposomal Doxorubicin	55	55	3.94
Renal cell carcinoma	Axitinib	18	18	1.01
	Sunitinib	22	22	2.43
	Pazopanib	64	64	8.55
Skin cancer	Nivolumab	16	16	5.29
	Vemurafenib	4	4	0.83
Prostate cancer	Abiraterone	21	21	2.75
	Enzalutamide	99	99	13.96
Epithelial Ovarian / fallopian tube / primary peritoneal cancer	Bevacizumab	30	30	4.82
Total		1 376	1 376	230.69

[#] The above data does not include those withdrawn / cancelled applications.

Note:

HA does not capture information on other cancer subsidy programmes.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)434

(Question Serial No. 3728)

Head: (140) Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the annual balances, injections from the Government, investment or other incomes and total expenditures of the following funds in 2018-19. For funds within the Bureau's purview which are not listed below, please also provide the information accordingly.

1. Samaritan Fund
2. Health Care and Promotion Fund
3. Health and Medical Research Fund
4. Public-Private Partnership (PPP) Endowment Fund of the Hospital Authority

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 22)

Reply:

1. Samaritan Fund (SF)

The SF's balance, interest and other income, and total expenditure in 2018-19 are listed in the table below. There was no injection of fund from the Government during this period.

Year	Annual balance as at 31 March (\$ million)	Interest and other income^{Note} (\$ million)	Total expenditure (\$ million)
2018-19	10,737	442	522

Note:

Interest and other income mainly include interest income, donation income and reimbursements from the Social Welfare Department.

2. Health Care and Promotion Fund (HCPF)

The former HCPF's balance, interest income and total expenditure in 2018-19 are listed below. There was no injection of fund from the Government during this period.

Year	Annual balance as at 31 March (\$ million)	Interest income (\$ million)	Total expenditure (\$ million)
2018-19	10.9	0.3	8

Note:

The HCPF was incorporated into the Health and Medical Research Fund with effect from 28 April 2017.

3. Health and Medical Research Fund (HMRF)

The HMRF's balance, government injection and total expenditure in 2018-19 are listed below. There was no injection of fund from the Government during this period. No investment income is generated from the HMRF which is a commitment of government expenditure nor is there income from other sources.

Year	Annual balance as at 31 March (\$ million)	Total expenditure (\$ million)
2018-19	1,938	205

4. Hospital Authority (HA) Public-Private Partnership (PPP) Fund

The HA PPP Fund's balance, interest and other income, and total expenditure in 2018-19 are listed in the table below. There was no injection of fund from the Government during this period.

Year	Annual balance as at 31 March (\$ million)	Interest and other income (\$ million)	Total expenditure (\$ million)
2018-19	10,790	438	261

5. Chinese Medicine Development Fund (CMDF)

The Government announced the establishment of a \$500 million dedicated fund to promote the development of Chinese medicine (CM) in the 2018-19 Budget. The objectives of the CMDF are to enhance the overall standard of the industry, to nurture talent necessary for the CM hospital development, to promote CM-related scientific research and to enhance public knowledge and understanding of CM. The annual funding allocation and expenditure under different programmes will depend on the actual number of applications and amounts of grants approved, subject to recommendations by the Advisory Committee taking into account prevailing market conditions and stakeholders/industry needs.

- End -