LCQ10: New drugs for treating lung cancers

Following is a question by Dr the Hon Helena Wong and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (October 23):

Question:

A patient group has pointed out that medical researches have proved that: Alectinib, a targeted therapy drug for the treatment of ALK-positive non-small-cell lung cancer (NSCLC), has an efficacy comparable with that of Crizotinib (currently first-line targeted therapy drug), and carries fewer side effects and is effective in preventing brain metastases; and Atezolizumab (one of the programmed death ligand 1 (PD-L1) inhibitors), an immunotherapy drug, is effective in extending patients' survival when used as a second-line drug for treatment of advanced NSCLC. However, the Hospital Authority (HA) has currently listed these two drugs as second-line self-financed items (SFIs) which are respectively with and without safety net coverage. In this connection, will the Government inform this Council if it knows:

(1) whether HA will consider listing Alectinib as a first-line SFI with safety net coverage; if HA will, of the timetable; if not, the reasons for that; and

(2) whether HA will consider listing PD-L1 inhibitors as SFIs with safety net coverage; if HA will, of the timetable; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by Dr the Hon Helena Wong is as follows:

(1) and (2) As the major provider of publicly-funded public healthcare services, the Hospital Authority (HA) attaches high importance to the provision of optimal care for all patients (including cancer patients) while ensuring patients an equitable access to safe, efficacious and cost-effective drugs under the highly subsidised public healthcare system.

On drug management, the HA has an established mechanism for regular appraisal of new drugs and review of its Drug Formulary (HADF) and coverage of the safety net, including formulation of relevant clinical guidelines for drugs incorporated into the HADF and the safety net. The process follows the principles of evidence-based medical practice, rational use of public resources, targeted subsidy, opportunity cost consideration and facilitation

of patients' choice, taking into account safety, efficacy and cost-effectiveness of drugs and other relevant considerations, including international recommendations and practices as well as views of professionals and patient groups.

In accordance with the above principles and mechanism, Alectinib has been included in the subsidy coverage of the Community Care Fund (CCF) Medical Assistance Programme (First Phase Programme) since mid-February 2019. Its designated clinical indication is for treating patients with ALK-positive, metastatic non-small-cell lung cancer (NSCLC) who have progressed on Crizotinib and intolerant to Ceritinib, or those who have central nervous system progression after Crizotinib treatment. Doctors will prescribe drugs in the light of their patients' clinical conditions and make referrals for those in need of CCF subsidies.

Atezolizumab, a drug for treatment of advanced NSCLC, is one of the programmed death ligand 1 (PD-L1) inhibitors. It has been included as a self-financed drug in the HADF since July 2018.

The HA understands the strong aspiration of cancer patients for including certain self-financed cancer drugs in the safety net. To provide more suitable assistance for patients, the HA has increased the frequency of prioritisation exercise for including self-financed drugs in the safety net and relaxing the clinical indications of individual drugs from once to twice a year, in order to shorten the lead time for introducing suitable new drugs and clinical indications to the safety net. The HA's Drug Management Committee, which is responsible for the prioritisation exercise, comprises medical experts who provide professional opinion on the safety, efficacy and cost-effectiveness of each drug item.

Evaluation of drugs is an on-going process driven by evolving medical evidence, the latest clinical developments and market dynamics. The HA will continue to keep abreast of the latest development of clinical and scientific evidence of different cancer drugs and immunotherapy, listen to the views and suggestions of patients' groups, and review the HADF and coverage of the safety net under the principle of rational use of limited public resources while providing treatment to the largest number of needy patients.