

CHILDREN'S KIDNEY FUND

Guidelines on Subsidies/Allowances for Children Kidney Patients (updated July 2024)

TYPE OF SUBSIDY	LEVEL OF SUBSIDY*	ELIGIBILITY CRITERIA	APPLICATION PROCEDURES	FORMAT OF PAYMENT
Automated Peritoneal Dialysis (APD) Programme – Minicaps and Tubings	<ol style="list-style-type: none"> 75% cost of the minicaps and tubings for the APD programme. Maximum subsidy up to HK\$20,000 per case per calendar year. 	<ol style="list-style-type: none"> Patients with renal failure on APD programme. Age 21 years or below. 	<ol style="list-style-type: none"> Application form to be completed with recommendation from the attending doctor. Annual review (between October and December) by attending doctor to certify the need for continuation of subsidy in the subsequent year. 	<ul style="list-style-type: none"> Patients to pay 25% of the cost for the minicaps and tubings first. The Fund will pay the remaining 75% directly to the supplier.
APD Programme – Initial Set-up Cost	<ol style="list-style-type: none"> 50% of the initial set-up cost for the purchase of blood pressure monitor, electronic weighing machine and Titanium adaptor/outlet port clamps. Maximum allowance of HK\$1,000 per case. 	<ol style="list-style-type: none"> Patients with renal failure on APD programme. Age 21 years or below. First time set-up for the programme. 	<ul style="list-style-type: none"> Application form to be completed with recommendation from the attending doctor. 	<ul style="list-style-type: none"> On production of purchase receipt, the Fund will reimburse 50% of the cost to the patient, up to a maximum of HK\$1,000.

* Higher level of subsidy will be considered for cases having special financial difficulties, with strong recommendation from medical social workers.

TYPE OF SUBSIDY	LEVEL OF SUBSIDY*	ELIGIBILITY CRITERIA	APPLICATION PROCEDURES	FORMAT OF PAYMENT
Travelling Allowance : – Taxi Cost	Maximum allowance of HK\$10,000 per calendar year.	<ol style="list-style-type: none"> 1. Patients with renal failure requiring traveling a few times per week to hospital for haemodialysis treatment. 2. Age 21 years or below. 3. Physical disability exists for going to hospital by public transport, except by taxi. 4. Family income below the most updated Median Monthly Domestic Household Income by Household Size (MMDHI) used by the Hospital Authority for fee reduction/waiving. 	<ol style="list-style-type: none"> 1. Application to be made with recommendation from both the attending doctor and the medical social worker. 2. Annual review (between October and December) by the attending doctor, countersigned by the medical social worker to certify the need for continuation of subsidy in the subsequent year. 	<ul style="list-style-type: none"> - Subsidy to be reimbursed on production of taxi receipts, up to the specified maximum limit. - Attendance to every treatment session claiming for subsidy should be certified by a doctor or a nurse.
Travelling Allowance : – Public Transport Fee	1. Children can be escorted by a parent/ guardian whose travelling cost will also be subsidized. Travelling by public transport include bus, MTR and minibus. Maximum of HK\$5,000 per calendar year.	<ol style="list-style-type: none"> 1. Patients with renal failure requiring traveling 3 times per week to hospital for haemodialysis treatment. 2. Age 21 years or below. 3. Long distance travelling from home to the hospital. 4. Family income below the most updated MMDHI used by the Hospital Authority for fee reduction/waiving. 	<ol style="list-style-type: none"> 1. Application to be made with recommendation from both the attending doctor and the medical social worker. 2. Annual review (between October and December) by the attending doctor, countersigned by the medical social worker to certify the need for continuation of subsidy in the subsequent year. 	<ul style="list-style-type: none"> - Attendance to every treatment session claiming for subsidy should be certified by a doctor or a nurse. - On production of the certification of treatment attendance, amount of traveling expenses per trip as recommended in the application form will be reimbursed. - Receipt proving the travelling is not required.

TYPE OF SUBSIDY	LEVEL OF SUBSIDY*	ELIGIBILITY CRITERIA	APPLICATION PROCEDURES	FORMAT OF PAYMENT
Subsidy for Rituximab/ Biosimilar to Rituximab	<p>1. For patients with family income 100% of MMDHI or below:</p> <ul style="list-style-type: none"> - 85% of the cost required for the actual no. of preparations and dosage prescribed by the doctors. <p>2. For patients with family income above 100% and below 130% of MMDHI:</p> <ul style="list-style-type: none"> - 50% of the cost required for the actual no. of preparations and dosage prescribed by the doctors. <p>Remarks:</p> <p>a) <i>For nephrotic syndrome (NS), the maximum no. of rituximab subsidy applications per patient is six. Maximum subsidy per patient per application is 2g, which consists of 1-2 doses to be given within 4 weeks. Each application is valid for two months only.</i></p> <p>b) <i>For lupus nephritis (LN) or patients with severe vasculitis resulting in glomerulonephritis(GN), the maximum subsidy application of rituximab per patient is one application up to 2g, to be given in 1 or 2 doses within 4 weeks. Each application is valid for two months only.</i></p>	<p>1. Patients suffering from difficult glomerulonephritis (GN) as a result of steroid dependent / resistant nephrotic syndrome (NS), lupus nephritis (LN) and severe vasculitis who fulfill the following criteria:</p> <p>2. a) <u>Nephrotic syndrome:</u> - Patients with frequent relapses requiring significant steroid dose (equivalent dose of prednisolone more than 0.5 mg/kg/day) despite the prior use of steroid sparing agents including Tacrolimus and/or MMF/cyclophosphamide/ cyclosporin A .</p> <p>b) <u>Lupus nephritis/ severe vasculitis resulting in GN</u> - Patients with aggressive disease refractory to induction with intravenous (IV) cyclophosphamide. - Patients who suffer from significant side effects from treatment modalities other than IV cyclophosphamide.</p> <p>3. Age 21 years or below.</p> <p>4. Family income 130% or below of the most updated MMDHI used by the Hospital Authority for fee reduction/waiving.</p>	<p>Application form to be completed with recommendations from <u>both</u> the attending doctor and the medical social worker.</p>	<p><u>Either</u> Reimbursement of either 85% or 50% of the cost on production of official hospital receipts from hospital pharmacy, as according to the level of subsidy approved;</p> <p><u>Or</u> Patients to pay 15% or 50% of the cost to the hospital and the Fund will settle the remaining balance directly with the hospital, as according to the level of subsidy approved.</p> <p>(Patients will be advised on the exact format of payment upon Fund's confirmation of subsidy approval and its level.)</p>

TYPE OF SUBSIDY	LEVEL OF SUBSIDY*	ELIGIBILITY CRITERIA	APPLICATION PROCEDURES	FORMAT OF PAYMENT
Post-Kidney Transplantation Drug Subsidy – Mycophenolate Mofetil (MMF)	1. For patients with family income 100% of MMDHI or below: <ul style="list-style-type: none"> - 85% of the cost required for the actual no. of preparations and dosage prescribed by the doctors. 2. For patients with family income between 100-130% of MMDHI: <ul style="list-style-type: none"> - 50% of the cost required for the actual no. of preparations and dosage prescribed by the doctors. 	1. Patients who have undergone kidney transplantation. 2. Age 19 years or below at the time of application, with subsidy up to age 21 or below. 3. Family income 130% or below of the most updated MMDHI used by the Hospital Authority for fee reduction/waiving.	1. Application form to be completed with recommendation from both the attending doctor and the medical social worker. 2. Annual review (between October and December) by the attending doctor, countersigned by the medical social worker to certify the need for continuation of subsidy in the subsequent year.	<p><u>Either</u> Reimbursement of either 85% or 50% of the cost on production of official hospital receipts from hospital pharmacy, as according to the level of subsidy approved;</p> <p><u>Or</u> Patients to pay 15% or 50% of the cost to the hospital and the Fund will settle the remaining balance directly with the hospital, as according to the level of subsidy approved.</p> <p>(Patients will be advised on the exact format of payment upon Fund's confirmation of subsidy approval and its level.)</p>
Induction Drug Treatment Subsidy for Kidney Transplantation	Full cost of the Induction Drug Treatment as required for kidney transplantation.	1. Patients requiring Induction Drug Treatment for kidney transplantation. 2. Age 21 years or below.	1. Application form to be completed with recommendation from attending doctor. 2. Retrospective approval is possible in view of the urgent and unpredictable timing of cadaveric kidney transplantation. However, application must be made within 14 days after the transplantation.	<p><u>Either</u> Full reimbursement on production of official receipts from the hospital;</p> <p><u>Or</u> The Fund will settle the full relevant cost directly with the hospital.</p>

<p>Subsidy for Sodium Zirconium Cyclosilicate (Lokelma)</p>	<p>For patients with family income 100% of MMDHI or below:</p> <ul style="list-style-type: none"> - 85% of the cost required for the actual no. of preparations and dosage prescribed by the doctors. <p>For patients with family income above 100% and below 130% of MMDHI:</p> <ul style="list-style-type: none"> - 50% of the cost required for the actual no. of preparations and dosage prescribed by the doctors. <p>Remarks: Treatment should be started within 2 months of the approval date. Subjected to eligibility, up to 12-month of subsidy could be approved for each application.</p>	<ol style="list-style-type: none"> 1. Patients suffering from CKD stage III to V OR kidney failure on dialysis 2. Serum Potassium consistently above 5.5 mmol/L <ul style="list-style-type: none"> - Despite combinations of potassium-lowering measures (including dietary control, use of diuretics, optimization of acid base balance, and dialysis therapy) and - Intolerant to polystyrene exchange resin - Do not respond to polystyrene exchange resin despite the maximized usage for 2-4 weeks 3. Age of the applicant must be 19 years or below, 4. with recommendations from hospital doctor and assessment on family income by medical social worker. 	<p>Application form to be completed with recommendations from <u>both</u> the attending doctor and the medical social worker.</p>	<p>Applicants have to keep the receipts after purchase and suggested to send the claim to Children's kidney fund every three months.</p>
--	--	---	---	--

-- END --