Drug News
藥 物 情 報

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This is a monthly digest of local and overseas drug safety news released by the Drug Office of the Department of Health in May 2025 with relevant information update before publish. For the latest news and information, please refer to public announcements or the website of the Drug Office of the Department of Health (http://www.drugoffice.gov.hk).

Safety Update

European Union: Measures to minimise risk of suicidal thoughts with finasteride and dutasteride medicines

On 8 May 2025, the European Medicines Agency (EMA) announced that following an EU-wide review of available data on finasteride and dutasteride medicines, EMA's safety committee, PRAC, has confirmed suicidal ideation (suicidal thoughts) as a side effect of finasteride 1 and 5 mg tablets. The frequency of the side effect is unknown, meaning that it is not possible to estimate it from available data.

Most cases of suicidal ideation were reported in people using 1 mg finasteride tablets, which are used to treat androgenetic alopecia (hair loss due to male hormones). A warning about mood changes, including depression, depressed mood and suicidal ideation, is already included in the product information for finasteride medicines. Patients who experience mood changes should seek medical advice and, if taking finasteride 1 mg, should also stop treatment.

The product information for finasteride 1 mg tablets will now also alert patients about the need to seek medical advice if they experience problems with sexual function (such as decreased sex drive or erectile dysfunction), which are known side effects of the medicine and may contribute to mood changes. A patient card will be included in the packages of 1 mg finasteride tablets to remind patients of these risks and to advise them about the appropriate course of action.

The recommendations follow a review of the risks of suicidal thoughts and behaviours with finasteride and dutasteride medicines. The PRAC agreed that suicidal ideation should be included as a side effect of finasteride tablets but concluded that the benefits of finasteride and dutasteride medicines continue to outweigh their risks for all approved uses.

Finasteride 1 mg tablets and finasteride skin spray are used to treat early androgenetic alopecia (hair loss due to male hormones), while finasteride 5 mg tablets and dutasteride 0.5 mg capsules are used to treat benign prostatic hyperplasia (enlarged prostate that can cause problems with urine flow).

Although it was not possible to establish a link between suicidal ideation and dutasteride based on the reviewed data, dutasteride works in the same way as finasteride and therefore information about the mood changes seen with finasteride will also be added to dutasteride's product information as a precaution.

The review found no evidence linking suicidal ideation to finasteride skin sprays and no new information is being included in the product information for these sprays.

In reaching its conclusion, the PRAC assessed available information on the effectiveness and safety of finasteride and dutasteride medicines, including data from clinical trials, EudraVigilance (the European database of reported suspected side effects), literature case reports and studies in the scientific literature. The review identified 325 relevant cases of suicidal ideation in EudraVigilance, 313 reported for finasteride and 13 for dutasteride (with 1 case reported for both). These cases were considered either probably or possibly related to treatment, and most cases concerned patients treated for alopecia. These numbers were considered in the context of an estimated exposure of around 270 million patient years for finasteride and around 82 million patient years for dutasteride (1 patient year is the equivalent of one patient taking the medicine for one year).

The Committee also considered information received during the review from patients or their relatives, healthcare professionals, academics, and patient and consumer organisations, who shared their experiences with finasteride treatment and/or provided additional data on finasteride use.

Information for healthcare professionals:

- Advise patients using 1 mg oral finasteride for androgenetic alopecia to stop treatment and seek medical advice if they experience depressed mood, depression or suicidal ideation.
- Some patients using 1 mg oral finasteride have reported sexual dysfunction, which may contribute to mood alterations, including suicidal ideation. Inform patients to seek medical advice if they experience signs of sexual dysfunction and consider discontinuing treatment.
- A patient card will be included in the packages of 1 mg finasteride tablets to inform patients being treated for androgenetic alopecia about these possible side effects and the appropriate course of action.
- The Agency's recommendations are based on an EU-wide review of available data on medicines containing finasteride (1 and 5 mg tablets and cutaneous spray solutions) and dutasteride (0.5 mg capsules). The review concluded that the level of evidence of the risks differed according to the indications, active substances and formulations.
- The review found insufficient evidence to establish a causal association between dutasteride and the risk of suicidal ideation. As a precautionary measure, based on a possible class effect of 5-alpha reductase inhibitors (5-ARIs), the product information for dutasteride will be updated to include information about the potential risk of suicidal ideation.
- A direct healthcare professional communication (DHPC) will be sent to relevant healthcare professionals in due course and published on a dedicated page on the EMA website.

In Hong Kong, there are 31 and 10 registered pharmaceutical products containing finasteride and dutasteride respectively. All products are prescription-only medicines. As of the end of May 2025, the Department of Health (DH) had received 5 cases of adverse drug reaction with regard to finasteride, of which 2 cases were reported as decreased libido, erectile dysfunction and depression. With regard to dutasteride, the DH had received 4 cases of adverse drug reaction, but these cases were not related to mood changes or problems with sexual function.

Related news on the risk of mood changes and problems with sexual function associated with the use of finasteride was previously issued by various overseas drug regulatory authorities, and was reported in the Drug News since Issue No. 91, with the latest update reported in the Drug News Issue No. 180. The DH issued letters to inform local healthcare professionals to draw their attention on 25 May 2017 and 20 January 2023.

In February 2015, September 2017 and April 2024, the Registration Committee of the Pharmacy and Poisons Board discussed the matter. In February 2015 and September 2017, the Committee decided that the sales pack label and/or package insert of finasteride-containing products should include safety information on mood changes (including depressed mood, depression and suicidal ideation) and problems with sexual function (including decreased libido and erectile dysfunction).

In light of the above EMA's announcement associated with both finasteride and dutasteride, the DH issued letters to inform local healthcare professionals to draw their attention on 9 May 2025, and the matter will be discussed by the Registration Committee of the Pharmacy and Poisons Board .

The United Kingdom: Thiopurines and intrahepatic cholestasis of pregnancy

On 15 May 2025, the Medicines and Healthcare products Regulatory Agency (MHRA) announced that intrahepatic cholestasis of pregnancy (ICP) has been rarely reported in patients treated with azathioprine products, and is believed to be a risk applicable to all drugs in the thiopurine class (azathioprine, mercaptopurine and tioguanine). Cholestasis of pregnancy associated with thiopurines tends to occur earlier in pregnancy than non drug-induced cholestasis of pregnancy, and elevated bile acid levels may not reduce with ursodeoxycholic acid.

The thiopurines include azathioprine, mercaptopurine and thioguanine (also known as tioguanine). Their uses are in anticancer indications, primarily leukaemia, and

immunosuppression to treat inflammatory disorders such as inflammatory bowel diseases (IBD) and to increase graft survival following organ transplant. Thiopurines should only be used in pregnancy where a careful benefit/risk assessment for the individual patient has been made.

A risk of developing intrahepatic cholestasis of pregnancy (ICP) has been identified from a small number of case reports in the scientific literature. ICP has been reported in some pregnant patients treated with azathioprine and mercaptopurine and, due to similar metabolic pathways utilised by thiopurines, this risk is believed to be applicable to all drugs in the thiopurine class (azathioprine, mercaptopurine and tioguanine).

For context, the occurrence of thiopurine-induced ICP is thought to occur much less frequently than non thiopurine-induced ICP, which occurs in roughly 1 in every 150 pregnancies.

Case reports occur mainly in patients being treated for IBD or in transplant recipients. In many cases, ICP associated with thiopurine treatment has developed earlier in pregnancy than typical non drug-induced ICP and in some cases bile acid levels did not reduce with ursodeoxycholic acid. However, in some cases, improvement in bile acid and liver function did occur on stopping thiopurine. Reported cases were often serious with some resulting in fetal death. However, reporting bias may result in the more serious cases being reported.

Advice for Healthcare Professionals:

- cholestasis of pregnancy has rarely been reported in association with azathioprine therapy
- this risk is believed to also apply to the other thiopurine drugs, mercaptopurine and tioguanine
- it may occur earlier in pregnancy than non drug-induced cholestasis of pregnancy, and it may not respond to ursodeoxycholic acid
- withdrawal or dose reduction of the thiopurine drug may improve liver function tests
- remain vigilant to signs and symptoms of ICP in pregnant patients taking thiopurines and discuss any concerns with clinicians managing the patient's immunosuppressant therapy and a hepatologist, as necessary
- if cholestasis of pregnancy occurs, a case-by-case assessment is required to determine the appropriate course of action. Consider the risks and benefits of remaining on the product against the risks and benefits of stopping
- in patients with ICP, measure serum bile acids to identify pregnancies at particular risk of spontaneous preterm birth (≥40uM) or stillbirth (non-fasting serum bile acids ≥100uM)

In Hong Kong, there are registered pharmaceutical products containing azathioprine (8 products), mercaptopurine (2 products) and tioguanine (2 products). All products are prescription-only medicines. As of the end of May 2025, the Department of Health (DH) had received adverse drug reaction with regard to azathioprine (21 cases), mercaptopurine (15 cases) and tioguanine (4 cases), but these cases were not related to intrahepatic cholestasis of pregnancy (ICP).

The risk of intrahepatic cholestasis of pregnancy associated with the use of thiopurines is documented in overseas reputable drug references such as "The American Hospital Formulary Service (AHFS) Drug Information". The DH will remain vigilant on any safety update of the drugs issued by other overseas drug regulatory authorities.

The United States: FDA requires warning about rare but severe itching after stopping long-term use of oral allergy medicines cetirizine or levocetirizine (Zyrtec, Xyzal, and other trade names)

On 16 May 2025, the US Food and Drug Administration (FDA) announced that patients stopping the oral allergy medicines cetirizine (Zyrtec) or levocetirizine (Xyzal) after long-term use may experience rare but severe itching.

Cetirizine and levocetirizine are approved to treat seasonal allergic rhinitis, in adults and children 2 years and older, perennial allergic rhinitis, and chronic idiopathic urticaria, in patients 6 months and older.

These medicines are available in prescription and over-the-counter (OTC) forms. The itching, also called pruritus, has been reported in patients who used these medicines daily, typically for at least a few months and often for years. Patients did not experience itching before starting the medicines. Reported cases were rare but sometimes serious, with patients experiencing widespread, severe itching that required medical intervention. As a result, FDA is revising the prescription cetirizine

and levocetirizine prescribing information to include a new warning about this risk. FDA will subsequently request that manufacturers add a warning about pruritus to the Drug Facts Label of the OTC versions.

FDA is adding a warning about the risk of pruritus after stopping long-term use of prescription cetirizine or levocetirizine to the prescribing information to increase awareness about this rare but serious reaction. The updated prescribing information also states that pruritus symptoms may improve with restarting the medicines. FDA will also request that manufacturers add a warning about pruritus to the Drug Facts Label of OTC cetirizine and levocetirizine. In the meantime, FDA want to make the public aware of this risk. FDA will follow up when additional information becomes available.

Healthcare professionals should discuss the risk of pruritus after stopping cetirizine or levocetirizine with patients when prescribing or recommending these medicines, especially if planned for chronic use, and with those who indicate they are using OTC versions. Encourage patients to contact you if they experience severe itching after stopping cetirizine or levocetirizine. Effective treatments for pruritus have not been evaluated. However, symptoms resolved in most patients who restarted the medicine and in some who tapered off the medicine after restarting it.

In Hong Kong, there are 77 registered pharmaceutical products containing cetirizine and 24 registered pharmaceutical products containing levocetirizine. Five of the products are pharmacy only medicines and 96 of the products are over-the-counter medicines.

As of the end of May 2025, the Department of Health (DH) had received 1 case of adverse drug reaction related to cetirizine but the case was not related to rare but severe itching after stopping long-term use of the product. The DH had not received any cases of adverse drug reaction related to levocetirizine.

In light of the above FDA's announcement, the DH issued letters to inform local healthcare professionals to draw their attention on 19 May 2025. The DH will remain vigilant on safety update of the drug issued by other overseas drug regulatory authorities for consideration of any action deemed necessary.

Australia: Updated warnings for Respiratory Syncytial Virus (RSV) vaccines Arexvy and Abrysvo

On 19 May 2025, the Therapeutic Goods Administration (TGA) announced that safety information for Respiratory Syncytial Virus (RSV) vaccines Arexvy and Abrysvo has been updated to reflect the low risk of people contracting Guillain-Barre syndrome (GBS) following vaccination. This is a disorder in which the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis. Most people recover completely from GBS, but some serious illnesses can be fatal.

Arexvy and Abrysvo are registered vaccines against Respiratory Syncytial Virus (RSV). This infection affects the respiratory tract and can cause severe disease, particularly in very young and older people.

- Arexvy and Abrysvo are both approved for individuals 60 years and older to prevent lower respiratory tract disease caused by RSV.
- Arexvy is also approved for individuals aged 50 to 59 who are at increased risk for RSV infection.
- Abrysvo is also approved for pregnant women between 24-36 weeks of gestation to prevent lower respiratory tract disease in infants from birth to 6 months of age as they acquire antibodies to RSV while in the womb.

Given the potential severity of RSV infection and the rarity of GBS, the benefit-risk balance remains strongly in favour of vaccination in the target groups.

In November 2024, the TGA conducted a focused signal investigation to review US data presented at the Advisory Committee on Immunization Practices October 2024 meeting. Given the seriousness of this adverse event, and noting that post-marketing data from the US supported an increased risk of GBS after vaccination with Abrysvo or Arexvy, TGA required the Product Information (PI) for these products to be updated to include the risk of GBS.

As of 24 March 2025, the TGA had not received any reports of GBS following vaccination with Abrysvo or Arexvy in Australia.

The risk of GBS as a rare adverse event following vaccination in people aged 60 or over have been

included in the Australian PIs for Abrysvo and Arexvy (sections 4.4 and 4.8). The PIs both include similar advice that health professionals should monitor/be alert to signs and symptoms of GBS to ensure correct diagnosis, in order to initiate adequate supportive care and treatment, and to rule out other causes.

Health professionals should:

- be aware of the higher GBS risk in people following vaccination with Arexvy or Abrysvo.
- warn patients of this possible but rare risk and encouraged to seek medical attention if they experience symptoms, as early medical care can reduce severity and improve outcomes.
- be alert to signs and symptoms of GBS to ensure correct diagnosis, in order to initiate adequate supportive care and treatment, and to rule out other causes. Symptoms of GBS include pins and needles (paraesthesia), numbness, weakness and paralysis. Typically, hands and/or feet are affected first, with symptoms progressing up the body to the legs, arms, face and muscles involved with breathing. These symptoms may progress over a few days or weeks.

In Hong Kong, Abrysvo Vaccine Powder And Solvent For Solution For Injection (HK-68213) and Arexvy Vaccine Powder And Suspension For Suspension For Injection (HK-67997) are pharmaceutical products registered by Pfizer Corporation Hong Kong Limited and GlaxoSmithKline Limited respectively. Both are prescription-only medicines. As of the end of May 2025, the Department of Health (DH) had received one case of adverse event following immunisation with Arexvy, but this case was not related to GBS. The DH had not received any case of adverse event following immunisation with Abrysvo.

Related news was previously issued by the US FDA, and was reported in the Drug News Issue No. 183. The DH issued letters to inform local healthcare professionals to draw their attention on 8 January 2025. As previously reported, the matter will be discussed by the Registration Committee of the Pharmacy and Poisons Board .

European Union: Changes to the use of antibiotic azithromycin

On 23 May 2025, the European Medicines Agency (EMA) announced that EMA's human medicines committee (CHMP) has recommended several changes to the way the antibiotic azithromycin is used in the EU, including the removal of certain indications. These recommendations aim to optimise the use of this common antibiotic and minimise the development of antimicrobial resistance – the ability of microorganisms to become resistant to antimicrobials.

Azithromycin has been used for decades to treat a wide range of infectious diseases, both in children and adults. It is included in the World Health Organization (WHO) list of essential medicines, which highlights its importance for public health. However, azithromycin is also classified by WHO as an antibiotic that carries a higher risk of antimicrobial resistance and is included in WHO's Watch category (AWaRe classification). Data show that antimicrobial resistance against this antibiotic has increased in recent years.

Medicines in WHO's Watch category should be prioritised as key targets for prudent use and monitoring. However, consumption data indicate an increased use of azithromycin medicines in recent years. A recent EMA-commissioned study, performed by DARWIN EU, showed a broad use of this antibiotic across the EU, both in adults and children.

To promote a more rational use of this antibiotic based on current evidence and preserve its effectiveness, the CHMP re-evaluated the benefits and risks of azithromycin medicines given by mouth or infusion (drip) into a vein for the various authorised uses.

The committee reviewed all available data, including results from clinical studies, information about resistance of pathogens relevant for the approved indications in the EU, a risk assessment on the probability of resistance development during treatment as well as recommendations in current national and European treatment guidelines.

Uses to be refined and harmonised

Based on this comprehensive review, the CHMP recommended amending most of the authorised uses of azithromycin medicines given by mouth or infusion. The changes are intended to align the authorised uses with the latest data and to make them more precise. They also aim to harmonise the dosing recommendations and contraindications across all products as well as the information about interactions with other medicines, use in

pregnancy, side effects and relevant data from clinical studies.

The revisions mainly concern:

- Upper and lower respiratory tract infections (infections of the nose, throat, airways and lungs), such as acute bacterial sinusitis, acute streptococcal tonsillitis and pharyngitis, acute exacerbations of chronic bronchitis and community-acquired pneumonia;
- Sexually transmitted diseases, such as urethritis and cervicitis caused by Chlamydia trachomatis, or Neisseria gonorrhoeae;
- Infections of the female reproductive system, such as pelvic inflammatory disease;
- Dental infections, such as periodontal abscesses and periodontitis;
- Treatment and prevention of types of Mycobacterium avium complex infections in people living with HIV-1 infection.

Uses to be discontinued

In addition, the Committee recommended discontinuing the use of azithromycin taken by mouth (currently authorised in few Member States) for:

- moderate acne vulgaris (also known as acne), a condition in which pores in the skin become blocked with excess oil and skin cells;
- eradication of Helicobacter pylori, a bacterium that causes infection in the stomach which can lead to chronic inflammation and ulcer;
- prevention of exacerbations (attack) of eosinophilic and non-eosinophilic asthma, two different types of asthma.

The Committee considered that the evidence available is not sufficient to support the effectiveness of azithromycin in these indications and therefore concluded that the benefits do not outweigh the risks.

New warning

The CHMP also recommended including a warning in the medicines' product information to highlight the risk of antimicrobial resistance. This will explain that azithromycin could favour the development of resistance due to the long-lasting, decreasing levels in plasma and tissues after the end of treatment.

The warning will state that azithromycin should only be initiated after a careful assessment of the benefits and the risks, considering the local prevalence of resistance, and when preferred treatment regimens are not indicated.

The CHMP opinion will now be forwarded to the European Commission, which will issue a final legally binding decision applicable in all EU Member States.

Information for healthcare professionals:

- To promote a more rational use of oral and intravenous azithromycin medicines and preserve their effectiveness, the CHMP has re-evaluated their benefits and risks in the various authorised uses.
- Based on this comprehensive review, the Committee refined the authorised uses to make them more precise and aligned with available data and current medical terminology. The dosing recommendations have also been harmonised. Complete information on the authorised uses can be found in the amended product information.
- In addition, the CHMP found a negative benefit-risk balance for oral formulations of azithromycin in the following indications: moderate acne vulgaris; eradication of Helicobacter pylori and prevention of exacerbations of eosinophilic and non-eosinophilic asthma. These indications will then be removed from the product information.
- A new warning will be included in the summary of product characteristics regarding the development of antimicrobial resistance and the need to assess the benefits and the risks, considering the local prevalence of resistance, and when preferred treatment regimens are not indicated.
- This review was carried out as available consumption data suggest that azithromycin has been used increasingly in recent years, which conflicts with recommendations about prudent use of medicines included in WHO's Watch category.
- A study commissioned by EMA and performed by DARWIN EU (DARWIN study report C1-003), which analysed the prescription of the 141 antibiotics in WHO's Watch category between 2012 and 2021 in 5 European countries (France, Germany, Spain, the Netherlands, and United Kingdom), found that azithromycin was among the top 5 most prescribed antibiotics in most databases assessed, and within the top 10 in all the databases included.
- At the same time, data from the ATLAS and

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SENTRY databases have shown an increasing global prevalence of azithromycin resistance among bacterial strains, with resistance developing among pathogens linked to the approved indications of azithromycin in the EU/European Economic Area.

In Hong Kong, there are 43 registered pharmaceutical products containing azithromycin, and all products are prescription-only medicines. As of the end of May 2025, the Department of Health (DH) had received 8 cases of adverse drug reaction related to azithromycin, but these cases were not related to antimicrobial resistance. In light of the above EMA's announcement, the DH issued letters to inform local healthcare professionals to draw their attention on 26 May 2025, and the matter will be discussed by the Registration Committee of the Pharmacy and Poisons Board.

Drug Recall

Batch recall of Cytosar For Inj 500mg

On 22 May 2025, the Department of Health (DH) endorsed a licensed drug wholesaler, Pfizer Corporation Hong Kong Limited (Pfizer), to recall one batch (batch number: 3M04966) of Cytosar For Inj 500mg (Hong Kong Registration number: HK- 29543), from the market as a precautionary measure due to the potential quality issue.

The DH received notification from Pfizer that the overseas manufacturer of the product is initiating a voluntary recall following a complaint reporting the presence of a single glass particle following reconstitution in one single vial of one batch the product that was not supplied to Hong Kong. The concerned batch of the product were also packed from the same semi-finished product of such batch supplied in overseas. As a precautionary measure, Pfizer voluntarily recalled the affected batch from the market.

The above product, containing cytarabine, is a prescription medicine used for the treatment of several forms of leukemia. According to Pfizer, the above batch of product has been imported into Hong Kong and supplied to the Hospital Authority and local private hospital. As of the end of May 2025, the DH had not received any adverse reaction reports in connection with the above batch of product.

A notice was posted in the Drug Office website on 22 May 2025 to alert the public of the product recall. The DH will closely monitor the recall.

Drug Incident

DH investigates illegal online sale of slimming product containing banned and controlled drug ingredients

On 23 May 2025, the Department of Health (DH) investigated a case of illegal sale of a slimming product containing banned and undeclared controlled drug ingredients on the Internet. Members of the public are urged not to buy or consume the product concerned (please refer to the photo in the press release).

Acting upon intelligence, the DH purchased a slimming product from a social media platform for analysis. Laboratory test results revealed that the sample of the product contained sibutramine and frusemide, which are Part 1 poisons under the Pharmacy and Poisons Ordinance (Cap. 138) (PPO).

Sibutramine was once used as an appetite suppressant. Since November 2010, pharmaceutical products containing sibutramine have been banned for use and sale in Hong Kong due to an increased cardiovascular risk. Frusemide is used for the treatment of heart diseases, and its side effects include low blood pressure and electrolyte imbalance. Medicines containing frusemide should be used under a doctor's direction and be supplied on the premises of an Authorized Seller of Poisons (i.e. pharmacy) under the supervision of a registered pharmacist upon a doctor's prescription.

The package of the product is labelled with the words "Good health is over wealth" but did not have a product name. It is suspected to be an unregistered pharmaceutical product. The DH will continue to follow up and investigate the case.

A press release was posted in the Drug Office website on 23 May 2025 to alert the public of the drug incident.

A product containing any western drug ingredient must be registered under the Pharmacy and Poisons Ordinance before it can be sold in Hong Kong. Part 1 poisons should be sold at registered pharmacies under the supervision of registered pharmacists. Illegal sale or possession of Part 1 poisons and unregistered pharmaceutical products are offences under the Pharmacy and Poisons Ordinance (Cap. 138). The maximum penalty is a fine of $100,000 and two years' imprisonment for each offence. Antibiotics can only be supplied at registered pharmacies by registered pharmacists or under their supervision and upon a doctor's prescription. They should only be used under the advice of a doctor. Illegal sale or possession of antibiotics are offences under the Antibiotics Ordinance (Cap. 137) and the maximum penalty is a $50,000 fine and one year's imprisonment for each offence.

Under the Import and Export Ordinance (Cap. 60), pharmaceutical products must be imported or exported under and in accordance with an import or export licence issued under the Import and Export Ordinance. Illegal import or export of pharmaceutical products are offences under the Import and Export Ordinance (Cap. 60) and the maximum penalty is a fine of $500,000 and 2 years' imprisonment.

All registered pharmaceutical products should carry a Hong Kong registration number on the package in the format of "HK-XXXXX". The products mentioned in the above incidents were not registered pharmaceutical products under the Ordinance in Hong Kong. Their safety, quality and efficacy cannot be guaranteed. Members of the public were exhorted not to use products of unknown or doubtful composition. They should stop using the aforementioned products immediately if they had them in their possession and to consult healthcare professionals if they felt unwell after taking the products. The products should be destroyed or disposed properly, or submitted to the Department's Drug Office during office hours.

Update on Drug Office's website: You can now search the newly registered medicines in the past year at http://www.drugoffice.gov.hk/eps/drug/newsNRM60/en/healthcare_providers?pageNoRequested=1.
Details of ALL registered pharmaceutical products can still be found in the Drug Office website at http://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/news_informations/

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The purpose of Drug News is to provide healthcare professionals with a summary of local and overseas drug safety news released. Healthcare professionals are advised to keep update with the information and provide corresponding advice or therapeutic measure to patients and public.