

APPLICATION INFORMATION FOR PREDNISOLONE SODIUM PHOSPHATE ORAL LIQUID

With the withdrawal of the GSK's brand of betamethasone (Betnesol) 0.5mg dispersable tablet from the market, an alternative oral corticosteroid is available for patients over 12 years of age from Aventis, prednisolone sodium phosphate (Redipred) oral liquid, 5mg per ml, 30ml. As this product does not have an indication for use as a mouthwash for oropharyngeal lesions, it is only available pursuant to Section 29 of the Medicines Act for patients where there is no suitable alternative, and it cannot be funded through the Pharmaceutical Schedule.

The purpose of the Exceptional Circumstance scheme is to provide fully funded pharmaceuticals for some individuals whose needs are not met under the Pharmaceutical Schedule. This scheme would not generally be available to those who do not meet the strict criteria for admittance to this scheme.

However, the Exceptional Circumstance scheme will administer the funding of Redipred for a small number of patients with certain disorders affecting the oral mucosa, that need to be treated with an oral corticosteroid. Applications are to be made by a relevant specialist.

In circumstances where the patient is unable to pay for the medication, due to financial constraints, a disability allowance may be available from the Department of Work and Income.

Approvals will be granted for a fixed period, of one year.

CONTACT

Exceptional Circumstances
Panel Co-ordinator
PHARMAC
PO Box 10-254
Wellington

Phone: 04-916-7553
Fax: 09-523-6870
Email: ecpanel@pharmac.govt.nz

Application Form for Prednisolone sodium phosphate oral liquid

Return completed form to: Exceptional Circumstances
Panel Co-ordinator
PHARMAC
PO Box 10-254
Wellington

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Fax: 09-523-6870
Email: ecpanel@pharmac.govt.nz

Prior to completing this application please read the attached notes on criteria for approval. Type the application or write clearly.

Patient Details:

Full name of patient: _____

Residential Address: _____

Date of Birth: _____ Daytime Phone: _____

NHI: _____

Applying Physician:

Full name: _____

Address: _____

Are you a GP or Specialist ?

Medicine/treatment sought?

Chemical Name: Prednisolone sodium phosphate

Manufacturer: Aventis

Dosage to be used: _____

Anticipated cost year quoted by nominated pharmacy : _____

Nominated Pharmacy – (if approval is given from where will the supplies be obtained?)

Name: _____

Address: _____

1. Entry Criteria

List indication for which funding for prednisolone sodium phosphate is sought.

Indication

2. Consent

Patient consent has been obtained for the use of a medicine being obtained under Section 29 and used for a non-registered indication.

- Please indicate that patient has been consulted.

Signature of Medical Practitioner: _____

Address: _____

Date of Request: _____

Practitioners Stamp: