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 currently be funded through the Pharmaceutical Schedule.

The Named Patient Pharmaceutical Assessment (NPPA) Policy provides a mechanism for individual patients to receive funding consideration for medicines not listed in the Pharmaceutical Schedule (either at all or for their clinical circumstances). However NPPA funding would not generally be available to those who do not meet the NPPA Policy pre-requisite criteria.

PHARMAC has the discretion to consider applications to fund pharmaceuticals outside of the NPPA Policy and PHARMAC has decided to allow patient specific applications for the funding of Redipred for a small number of patients with certain disorders affecting the oral mucosa, who need to be treated with an oral corticosteroid.

Applications on the following form are to be made by a relevant specialist.

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

CONTACT

NPPA Co-ordinator
PHARMAC
PO Box 10-254
Wellington

Phone: 0800 660 050 option 2
Fax: 09-523-6870
Email: nppa@pharmac.govt.nz

Application Form for Prednisolone sodium phosphate oral liquid

Return completed form to: NPPA Co-ordinator
PHARMAC
PO Box 10-254
Wellington

Phone: 0800 660 050 option 2
Fax: 09-523-6870
Email: nppa@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:

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.

3. Signature of Medical Practitioner: _____

Address: _____

Date of Request: _____

Practitioners Stamp: