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Information sheet for prednisolone sodium phosphate oral liquid (Redipred)

With the withdrawal of the GSK's brand of betamethasone (Betnesol) 0.5mg dispersible tablet from the market, an alternative oral corticosteroid is available for patients over 12 years of age, 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 principles.

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 generally be granted for a fixed period of one year.

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Application form for prednisolone sodium phosphate oral liquid

Return completed form to:

NPPA Coordinator
PHARMAC
PO Box 10-254
WELLINGTON
Phone: 0800 660 050, option 2
Email: nppa@pharmac.govt.nz

Patient Details	**Details of Applying Practitioner**
Last name:	Last name:
First Name:	First name:
Address:	Address:
Gender:	Phone:
Date of Birth:	Facsimile: NZMC#:
NHI No:	Email address:

Application (check boxes where appropriate)

Patient has oropharyngeal lesions	☐
Other (please describe)	☐

Medicine and Dosage details

Brand: Redipred
Form: Oral liquid
Strength: 5mg per ml
Pharmacode: 317659
Dosage required:

Nominated pharmacy

Where will supplies be obtained if approval of this treatment is granted?

Name:
DHB:
Address:
Phone:

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Signature of Medical Practitioner: _____

Date of Request: _____

Prednisolone sodium phosphate is not approved by Medsafe as an oral mouthwash

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

Information about the use of unapproved medicines and the obligations of the prescriber for use of an unapproved medicine can be found on the Medsafe website:
https://www.medsafe.govt.nz/profs/RIss/unapp.asp

☐ Applicant is aware of unapproved regulatory status of Prednisolone sodium phosphate and has met the requirements of the Medicines Act 1981 in regard to prescribing Prednisolone sodium phosphate for this patient, including patient (or legal guardian) consent.