19 November 2018

Pharmac
Level 9, S
Simpl House
40 Mercer St
Wellington, 6011

Attention:- alexander.rodgers@pharmac.govt.nz

Re:- Proposal to Delist Vitadol C and Replace with Colecalciferol (Puria)

Oral vitadol C is currently given in New Zealand primarily for the Vitamin D content. We agree that a formulation with only vitamin D is appropriate given the use for babies with high needs predominantly preterm, babies with malabsorption and to treat Vitamin D deficiency.

Ten drops or 0.3mls giving 400IU Vitamin D. This is given to all babies < 36 weeks and < 2.5 kg to PREVENT vitamin D deficiency until 1 year of age.

It is also given to babies of women with dark skin, and should be given to all breast fed babies born in the autumn/ winter, (See MOH guideline).
https://www.health.govt.nz/your-health/pregnancy-and-kids/first-year/helpful-advice-during-first-year/vitamin-d-and-your-baby

Vitadol C is also given to babies < 30 weeks for the vitamin A content. Low vitamin A is associated with higher incidence of Bronchopulmonary dysplasia, development of immunocompetence, growth, vision and differentiation and maintenance of epithelial tissue, visual system development. The optimal dose for Vitamin A other than IM is not known. The IM preparation is not standard of care internationally. There is a current study assessing an alternative Vitamin A preparation.

Professor Darlow introduced Vitamin A testing over 20 years ago in the Christchurch Women's Hospital unit. Several audits of vitamin A levels giving 0.3 mls of VitadolC showed low levels in up to 80%. By increasing the dose to 0.5mls = we now have 80% with normal levels of vitamin A.

On behalf of the Newborn Network, Paediatric Society we advise that the proposal by Pharmac is not acceptable for the following reasons:

1. It is not acceptable to wait for Vitamin D deficiency in the first year of life, especially in high risk neonates.
2. The additional cost of the blood test and difficulty to do this is not acceptable for a known and common condition.
3. It is inappropriate to have to complete a special authority for a preventive treatment for 7-9% of births < 36 weeks and < 2.5kg, and a higher proportion with dark skin.

The alternative for Vitamin A is not yet available. We consider that Vitadol C should continue to be listed until an alternative for Vitamin A is approved.

Nicola Austin
Convenor
Newborn Network
Paediatric Society of New Zealand