PHARMAC
TE PĀTAKA WHAIORANGA

Information sheet for alpha tocopheryl acetate (vitamin E) and retinol (vitamin A) oral liquid(s)

Alpha tocopheryl acetate (Micelle E) was delisted from the Pharmaceutical Schedule from 1 June 2011, as the supplier of this product has withdrawn from the New Zealand market.

The supplier of Vitadol C (vitamins A with vitamins D and C oral drops) has also withdrawn from the New Zealand market resulting in no funded oral liquid containing vitamin A.

Until such time as PHARMAC can reach an agreement to fund another brand of alpha tocopheryl acetate and vitamin A oral liquids on the Pharmaceutical Schedule, PHARMAC will consider applications for funding of alpha tocopheryl acetate and vitamin A oral liquids from relevant medical practitioners under certain clinical circumstances.

All patients will be expected to meet the following minimum criteria and applications will be assessed on an individual patient basis.

Criteria:
Either:
1. Cystic fibrosis patient; and
    1.1. Patient has tried and failed the other available funded fat soluble vitamin A,D,E,K supplement (Vitabdeck); or,
    1.2. The other available funded fat soluble vitamin A,D,E,K supplement (Vitabdeck) is contra-indicated or clinically inappropriate for the patient.

Or
2. All of the following:
    2.1. Infant or child with liver disease or short gut syndrome; and
    2.2. Requires vitamin supplementation; and
    2.3. Either:
        2.3.1. Patient has tried and failed the other available funded fat soluble vitamin A,D,E,K supplements (Vitabdeck); or,
        2.3.2. The other available funded fat soluble vitamin A,D,E,K supplement (Vitabdeck) is contra-indicated or clinically inappropriate for patient.

All approvals will be valid for a maximum of two years (after which another application can be submitted) or until such time that a brand of alpha tocopheryl acetate and/or vitamin A oral liquid is listed on the Pharmaceutical Schedule.

The Exceptional Circumstances framework 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).

PHARMAC has the discretion to consider any applications to fund pharmaceuticals outside of the Schedule and has decided to allow patient-specific applications for the funding of alpha tocopheryl acetate and vitamin A oral liquid. An EXCP Special Authority number will be generated for all approvals to enable pharmacies with community contracts to claim for the medicines dispensed. All claims will be reimbursed at Cost Brand Source price.

To submit an application for funding of alpha tocopheryl acetate and/or vitamin A oral liquid(s) in the community for your patient, please complete the application form below.

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Application form for alpha tocopheryl acetate and/or vitamin A oral liquid(s)

Return completed form to:

Panel Co-ordinator
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:	NZMC#:
NHI No:	Email address:

Application (check boxes where appropriate)

Either	Does this patient have cystic fibrosis?	☐
Or	Is this patient an infant or a child with liver disease or short gut syndrome?	☐
Does this patient require vitamin supplementation?		☐
Either	*Has this patient tried and failed the other available funded fat soluble vitamin (A,D,E,K) supplement (Vitabdeck)?	☐
Or	*Is the funded fat soluble vitamin A,D,E,K supplement (Vitabdeck) contra-indicated or clinically inappropriate for the patient?	☐
Is this patient currently on this treatment?		☐

*Please include the reasons why the patient cannot be treated with the funded fat soluble vitamin A,D,E,K supplement. What is your rationale for this patient being on this treatment?

Further space is available on the following page if required.

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Medicine and Dosage details:

☐ Please indicate if required	☐ Please indicate if required
Name: alpha tocopheryl acetate	**Name**: vitamin A
Form and strength: oral solution 156iu/ml	**Form and strength:** oral drops 666.7mcg per 2 drops
Pharmacode/Brand:	**Pharmacode/Brand:** 2581477/Optimus Healthcare
Dosage required*:	**Dosage required*:**

Nominated pharmacy

Where will supplies be obtained if approval of this treatment is granted? (Pharmacy will be notified directly if approved):

Name:
Address:
Phone:

Signature of Medical Practitioner: _____

Date of Request: _____