

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:
.....
Fax Number:	Fax Number:

Amino acid formula (Alfamino Junior; Elecare; Neocate)

Initial application — Infants under 12 months of age

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	History of anaphylaxis to cow's milk protein formula or dairy products
or	
<input type="checkbox"/>	Eosinophilic oesophagitis
or	
<input type="checkbox"/>	Ultra-short gut
or	
<input type="checkbox"/>	Severe Immune deficiency
or	
<input type="checkbox"/>	Extensively hydrolysed formula has been trialled in an inpatient setting and is clinically inappropriate
or	
<input type="checkbox"/>	Extensively hydrolysed formula has been reasonably trialled for 2-4 weeks and is inappropriate due to documented severe intolerance or allergy or malabsorption
and	
<input type="checkbox"/>	The patient has a valid Special Authority approval for extensively hydrolysed formula: approval number
or	
<input type="checkbox"/>	Patient has IgE mediated allergy

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Amino acid formula (Alfamino Junior; Elecare; Neocate) - *continued*

Initial application — Children 12 months of age and over

Applications only from a paediatrician, paediatric gastroenterologist, paediatric immunologist or dietitian on the recommendation of a paediatrician, paediatric gastroenterologist or paediatric immunologist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- Applicant is a paediatrician, paediatric gastroenterologist or paediatric immunologist
or
 Applicant is a dietitian and confirms that a paediatrician, paediatric gastroenterologist or paediatric immunologist has been consulted within the last 12 months and has recommended treatment for the patient

and

- History of anaphylaxis to cow's milk protein formula or dairy products
or
 Eosinophilic oesophagitis
or
 Ultra-short gut
or
 Severe Immune deficiency
or
 Extensively hydrolysed formula has been trialled in an inpatient setting and is clinically inappropriate

- Extensively hydrolysed formula has been reasonably trialled for 2-4 weeks and is inappropriate due to documented severe intolerance or allergy or malabsorption

and

- The patient has a valid Special Authority approval for extensively hydrolysed formula: approval number
or
 Patient has IgE mediated allergy

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Amino acid formula (Alfamino Junior; Elecare; Neocate) - *continued*

Renewal — Infants up to 12 months of age

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

Patient has IgE mediated allergy

and

Patient remains allergic to cow's milk

and

An assessment as to whether the infant can be transitioned to a cow's milk protein, soy or extensively hydrolysed infant formula has been undertaken

and

The outcome of the assessment is that the infant continues to require an amino acid infant formula

and

Amino acid formula is required for a nutritional deficit

and

It has been more than three months from the previous approval

or

Patient has non IgE mediated severe gastrointestinal intolerance (including eosinophilic oesophagitis, ultra-short gut and severe immune deficiency)

and

An assessment as to whether the infant can be transitioned to a cow's milk protein, soy, or extensively hydrolysed infant formula has been undertaken

and

The outcome of the assessment is that the infant continues to require an amino acid infant formula

and

Amino acid formula is required for a nutritional deficit

and

It has been more than three months from the previous approval

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Amino acid formula (Alfamino Junior; Elecare; Neocate) - *continued*

Renewal — Children 12 months of age and over

Current approval Number (if known):.....

Applications only from a paediatrician, paediatric gastroenterologist, paediatric immunologist or dietitian on the recommendation of a paediatrician, paediatric gastroenterologist or paediatric immunologist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- Applicant is a paediatrician, paediatric gastroenterologist or paediatric immunologist
or
 Applicant is a dietitian and confirms that a paediatrician, paediatric gastroenterologist or paediatric immunologist has been consulted within the last 12 months and has recommended treatment for the patient

and

- History of anaphylaxis to cow's milk protein formula or dairy products
or
 Eosinophilic oesophagitis
or
 Ultra-short gut
or
 Severe Immune deficiency
or
 Extensively hydrolysed formula has been trialled in an inpatient setting and is clinically inappropriate

- Extensively hydrolysed formula has been reasonably trialled for 2-4 weeks and is inappropriate due to documented severe intolerance or allergy or malabsorption

and

- The patient has a valid Special Authority approval for extensively hydrolysed formula: approval number
or
 Patient has IgE mediated allergy

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz