

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)

- 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
- or
- 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

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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.

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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

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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

Initial application — for patients who have a current funding under Special Authority form SA1557

Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 months.

Prerequisites(tick boxes where appropriate)

- Patient has a valid Special Authority approval for extensively hydrolysed formula (SA1557)
and
 Extensively hydrolysed formula (Aptamil Gold+ Pepti Junior, AllerPro SYNEO 1 and 2) is unable to be supplied at this time
and
 The approval only applies to funded dispensings of Neocate Gold and Neocate Syneo

Note: This criteria is short term funding to cover an out-of-stock situation on some extensively hydrolysed formula powder funded under Special Authority form SA1557. There is no renewal criteria under this restriction.

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

Signed: Date:

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