Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Amino acid formula	
INITIATION Prerequisites (tick boxes where appropriate)	
Extensively hydrolysed formula has been reasonably trialled for or allergy or malabsorption  O History of anaphylaxis to cows' milk protein formula or dairy proor  O Eosinophilic oesophagitis  Or  O Ultra-short gut  O Severe Immune deficiency	or 2-4 weeks and is inappropriate due to documented severe intolerance oducts
CONTINUATION Prerequisites (tick boxes where appropriate)  An assessment as to whether the infant can be transitioned to a cows' milk protein, soy, or extensively hydrolysed infant formula has been undertaken  The outcome of the assessment is that the infant continues to require an amino acid infant formula  Amino acid formula is required for a nutritional deficit	
INITIATION – patients who are currently funded under RS1502 or SA1557 Re-assessment required after 3 months Prerequisites (tick boxes where appropriate)  Patient has a valid initiation or renewal approval for extensively hydrolysed formula (RS1502)  and Patient is unable to source funded Aptamil powder 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 Hospital Restriction RS1502. There is no continuation criteria under this criterion.	
I confirm that the above details are correct:	

Signed: ...... Date: .....