

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:

Extensively hydrolysed formula

INITIATION

Prerequisites (tick boxes where appropriate)

Cows' milk formula is inappropriate due to severe intolerance or allergy to its protein content

and

Soy milk formula has been reasonably trialed without resolution of symptoms

or

Soy milk formula is considered clinically inappropriate or contraindicated

or

Severe malabsorption

or

Short bowel syndrome

or

Intractable diarrhoea

or

Biliary atresia

or

Cholestatic liver diseases causing malabsorption

or

Cystic fibrosis

or

Proven fat malabsorption

or

Severe intestinal motility disorders causing significant malabsorption

or

Intestinal failure

or

For step down from Amino Acid Formula

Note: A reasonable trial is defined as a 2-4 week trial, or signs of an immediate IgE mediated allergic reaction.

CONTINUATION

Prerequisites (tick boxes where appropriate)

An assessment as to whether the infant can be transitioned to a cows' milk protein or soy infant formula has been undertaken

and

The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula

I confirm that the above details are correct:

Signed: Date: