HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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) O Extensively hydrolysed formula has been reasonably trialled for 2-4 weeks and is inappropriate due to documented severe intolerance or allergy or malabsorption or O or O History of anaphylaxis to cows' milk protein formula or dairy products or O Ecsinophilic oesophagitis or O Ultra-short gut or Severe Immune deficiency

CONTINUATION

and

and

and

and

Prerequisites (tick boxes where appropriate)

O 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

 \bigcirc 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)

Patient is unable to source funded Aptamil powder at this time

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.

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