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

Name: .....

Ward: .....

PATIENT:

Name: .....

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 trialled 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 malsorption

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: .....