

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: .....

**Amino acid formula**

**INITIATION**

**Prerequisites** (tick boxes where appropriate)

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

**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
- 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

**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: .....