

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: 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: