

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:
.....
Fax Number:	Fax Number:

Amino acid formula (Alfamino Junior; Elecare; Neocate)

Initial application — Infants under 12 months of age

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

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

and

☐ The patient has a valid Special Authority approval for extensively hydrolysed formula: approval number

or

☐ Patient has IgE mediated allergy

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Amino acid formula (Alfamino Junior; Elecare; Neocate) - *continued*

Initial application — Children 12 months of age and over

Applications only from a paediatrician, paediatric gastroenterologist, paediatric immunologist or dietitian on the recommendation of a paediatrician, paediatric gastroenterologist or paediatric immunologist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- ☐ Applicant is a paediatrician, paediatric gastroenterologist or paediatric immunologist
- or
- ☐ Applicant is a dietitian and confirms that a paediatrician, paediatric gastroenterologist or paediatric immunologist has been consulted within the last 12 months and has recommended treatment for the patient

and

- ☐ History of anaphylaxis to cow's milk protein formula or dairy products
- or
- ☐ Eosinophilic oesophagitis
- or
- ☐ Ultra-short gut
- or
- ☐ Severe Immune deficiency
- or
- ☐ Extensively hydrolysed formula has been trialled in an inpatient setting and is clinically inappropriate

- ☐ Extensively hydrolysed formula has been reasonably trialled for 2-4 weeks and is inappropriate due to documented severe intolerance or allergy or malabsorption

and

- ☐ The patient has a valid Special Authority approval for extensively hydrolysed formula: approval number
- or
- ☐ Patient has IgE mediated allergy

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

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Amino acid formula (Alfamino Junior; Elecare; Neocate) - *continued*

Renewal — Infants up to 12 months of age

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient has IgE mediated allergy
- and
- ☐ Patient remains allergic to cow's milk
- and
- ☐ An assessment as to whether the infant can be transitioned to a cow's 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
- and
- ☐ It has been more than three months from the previous approval

- or
- ☐ Patient has non IgE mediated severe gastrointestinal intolerance (including eosinophilic oesophagitis, ultra-short gut and severe immune deficiency)
- and
- ☐ An assessment as to whether the infant can be transitioned to a cow's 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
- and
- ☐ It has been more than three months from the previous approval

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Amino acid formula (Alfamino Junior; Elecare; Neocate) - *continued*

Renewal — Children 12 months of age and over

Current approval Number (if known):.....

Applications only from a paediatrician, paediatric gastroenterologist, paediatric immunologist or dietitian on the recommendation of a paediatrician, paediatric gastroenterologist or paediatric immunologist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- ☐ Applicant is a paediatrician, paediatric gastroenterologist or paediatric immunologist
- or
- ☐ Applicant is a dietitian and confirms that a paediatrician, paediatric gastroenterologist or paediatric immunologist has been consulted within the last 12 months and has recommended treatment for the patient

and

- ☐ History of anaphylaxis to cow's milk protein formula or dairy products
- or
- ☐ Eosinophilic oesophagitis
- or
- ☐ Ultra-short gut
- or
- ☐ Severe Immune deficiency
- or
- ☐ Extensively hydrolysed formula has been trialled in an inpatient setting and is clinically inappropriate

- ☐ Extensively hydrolysed formula has been reasonably trialled for 2-4 weeks and is inappropriate due to documented severe intolerance or allergy or malabsorption

and

- ☐ The patient has a valid Special Authority approval for extensively hydrolysed formula: approval number
- or
- ☐ Patient has IgE mediated allergy

Initial application — for patients who have a current funding under Special Authority form SA1557

Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient has a valid Special Authority approval for extensively hydrolysed formula (SA1557)
- and
- ☐ Extensively hydrolysed formula (Aptamil Gold+ Pepti Junior, AllerPro SYNEO 1 and 2) is unable to be supplied 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 Special Authority form SA1557. There is no renewal criteria under this restriction.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz