APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 Form SA2092 November 2025

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 Cosinophilic oesophagitis									

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

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 2 Form SA2092 November 2025

APPLICANT ((stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:						
Reg No:		First Names:	First Names:						
Name:		Surname:	Surname:						
Address:		DOB:	Address:						
		Address:							
	d formula (Alfamino Junior; Elecare	e; Neocate) - continued	Fax Number:						
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 Applicant is a dietitian and confirms that a paediatrician, paediatric gastroenterologist or paediatric immunologist has be consulted within the last 12 months and has recommended treatment for the patient									
	cor	w's milk protein formula or dairy products ula has been trialled in an inpatient setting and is clin d formula has been reasonably trialled for 2-4 weeks allergy or malabsorption a valid Special Authority approval for extensively hyd	and is inappropriate due to documented						

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 3 Form SA2092 November 2025

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:	e; Neocate) - continued	Fax Number:			
Renewal — Infants up to 12 months of age Current approval Number (if known):					
or The outcome of the as and	ic to cow's milk whether the infant can be transitioned to a cow's milk ertaken ssessment is that the infant continues to require an arrequired for a nutritional deficit three months from the previous approval d severe gastrointestinal intolerance (including eosin whether the infant can be transitioned to a cow's milk	ophilic oesophagitis, ultra-short gut and severe protein, soy, or extensively hydrolysed infant			

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

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 4 Form SA2092 November 2025

APPLICANT (stamp or sticker acceptable)						PATIENT NHI:					F	REFERRER Reg No:				
Reg No:						First Names:					F	First Names:				
Name:						Surna	ıme:					S	Surname:			
Addres	s:								DOB:						A	Address:
									Addre	ess:						
															F	ax Number:
Amino	o ac	id f	orm	ula (Alfam	ino J	unior; I	Elecar	e; Neoc	ate) - con	ntinued					
Applic	nt app ations atric g	orova s onl gastro	al Nur y fror pente	mber m a pa erolog	if kno aediat st or	wn):. rician paedi	, paed atric in	iatric g	 gastroer	nterologist Approvals	t, paediat	tric immu	nologist	or dietitia	ın o	n the recommendation of a paediatrician,
	and History of anaphylaxis to c							and o	confirms	that a pa and has i	aediatricia recomme	an, paedi ended tre	atric gas atment fo	roenterol	logi	st or paediatric immunologist has been
Eosinophilic oesophagitis								nd is inappropriate due to documented								
	ations	s onl	y fror	n a di	etitiar	ı, rele	vant s	oeciali		unding ui cationally						vals valid for 3 months.
	and [and		Exte	nsivel	y hydi	olyse	d form	ula (A	ptamil C	oval for ex Gold+ Pep ensings of	oti Junior,	, AllerPro	SYNEO	1 and 2)	is u) unable to be supplied at this time
i	and [Exter	nsivel	y hydi val on	olyse	d form	ula (A) funde	ptamil C	Gold+ Pep	oti Junior,	, AllerPro	SYNEO d Neoca	1 and 2) te Syneo	is u	•

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

form SA1557. There is no renewal criteria under this restriction.