

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	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 Health New Zealand, 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)

or 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

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
or 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.

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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)

<p>and <input type="checkbox"/> Patient has IgE mediated allergy</p> <p>and <input type="checkbox"/> Patient remains allergic to cow's milk</p> <p>and <input type="checkbox"/> 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</p> <p>and <input type="checkbox"/> The outcome of the assessment is that the infant continues to require an amino acid infant formula</p> <p>and <input type="checkbox"/> Amino acid formula is required for a nutritional deficit</p> <p>and <input type="checkbox"/> It has been more than three months from the previous approval</p>
<p>or <input type="checkbox"/> Patient has non IgE mediated severe gastrointestinal intolerance (including eosinophilic oesophagitis, ultra-short gut and severe immune deficiency)</p> <p>and <input type="checkbox"/> 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</p> <p>and <input type="checkbox"/> The outcome of the assessment is that the infant continues to require an amino acid infant formula</p> <p>and <input type="checkbox"/> Amino acid formula is required for a nutritional deficit</p> <p>and <input type="checkbox"/> It has been more than three months from the previous approval</p>

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Fax Number: Fax Number:

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)

or Applicant is a paediatrician, paediatric gastroenterologist or paediatric immunologist
 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
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

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)

and 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:

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