APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1557
December 2026

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

Extensively hydrolysed formula

Initial application
Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months.
Prerequisites(tick boxes, and write the data requested in the space provided 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

and

☐ The infant is currently receiving funded amino acid formula

and

☐ The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula

and

General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted .....

Note: A reasonable trial is defined as a 2-4 week trial, or signs of an immediate IgE mediated allergic reaction.

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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.....	Address:	.....
.....	.....	.....
.....	.....	.....

Extensively hydrolysed formula *- continued*

Renewal

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

Applications only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes, and write the data requested in the space provided 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

and

General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted .....

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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