Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1953
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:	.....
.....	.....	.....
.....	.....	.....

Enteral liquid peptide formula (Nutrini Peptisorb; Nutrini Peptisorb Energy)

Initial application
Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

☐ Patient has impaired gastrointestinal function and either cannot tolerate polymeric feeds, or polymeric feeds are unsuitable

and

☐ Severe malabsorption
or
☐ Short bowel syndrome
or
☐ Intractable diarrhoea
or
☐ Biliary atresia
or
☐ Cholestatic liver diseases causing malabsorption
or
☐ Cystic fibrosis
or
☐ Proven fat malabsorption
or
☐ Severe intestinal motility disorders causing significant malabsorption
or
☐ Intestinal failure
or

☐ The patient is currently receiving funded amino acid formula
and
☐ The patient is to be trialled on, or transitioned to, an enteral liquid peptide formula

and

☐ A semi-elemental or partially hydrolysed powdered feed has been reasonably trialled and considered unsuitable
or
☐ For step down from intravenous nutrition

Note: A reasonable trial is defined as a 2-4 week trial.

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 where appropriate)

☐ An assessment as to whether the patient can be transitioned to a cows milk protein or soy infant formula or extensively hydrolysed formula has been undertaken
and
☐ The outcome of the assessment is that the patient continues to require an enteral liquid peptide 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: .....
Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz