Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2092
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:	.....
.....	.....	.....
.....	.....	.....

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)

- ☐ 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

- ☐ 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)

☐ 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

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 — 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

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- ☐ 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)

- ☐ 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.

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