RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

Name :

DOB :

Medicare # :

AMINO ACID-BASED INFANT FORMULA REQUEST

Clinical Nutrition

☐ New client (up to 12 months old) ☐ Renewal (12 to 24 months)

Parent/Guardian Information

Parent/Guardian name: _____

Primary phone number: _____ Secondary phone number: _____

Address: _____ Email address: _____

Product Information

Age 0-12 months

☐ Puramino A+® ☐ Neocate® DHA & ARA

Age 12 to 24 months

☐ Puramino A+® Junior ☐ Neocate® Junior

Quantity/Period

Quantity required per month: _____ Number of months prescribed: _____

Eligibility Criteria

Answer the following questions. Answering YES to ALL 3 questions indicates an appropriate referral for an amino acid-based infant formula.

1. Does the infant have a disease requiring an amino acid-based formula? ☐ Yes ☐ No

   ☐ Cow's milk protein allergy
   ☐ Food protein-induced enterocolitis syndrome (FPIES)
   ☐ Multiple food intolerances
   ☐ Eosinophilic esophagitis
   ☐ Malabsorption
   ☐ Gastroesophageal reflux
   ☐ Short bowel syndrome
   ☐ Other (specify): _____

2. Did the infant fail a 5-day trial of a polymeric product (partially hydrolyzed infant formula)? ☐ Yes ☐ No

   Which product? ☐ Gentlease® ☐ Good Start® ☐ Total Comfort® ☐ other: _____

3. Did the infant fail a 5-day trial of a semi-elemental product (extensively hydrolyzed infant formula)? ☐ Yes ☐ No

   Which product? ☐ Alimentum® ☐ Nutramigen® ☐ Pregestimil® ☐ other: _____

What were the signs and symptoms that persisted upon completion of the 5-day trials of a polymeric product and a semi-elemental product? _____

_____

_____

_____

Pediatrician/Specialist Information

Pediatrician/Specialist name (please print): _____ Specialty: _____

Phone number: _____ Date: _____(yyyy-mm-dd)

Pediatrician/Specialist signature: _____

Administration Use Only

Date received: _____ SSP Coordinator approval: _____

yyyy-mm-dd

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Special Authorization Guidelines

1. This form is intended for infants requiring an amino acid-based infant formula.
2. To be eligible for this program, the form must be completed by a specialist and document the need for an amino acid-based infant formula.
3. Only the following products are available through this program: Neocate® DHA & ARA; and Puramino A+®.
4. Amino acid-based infant formulas are NOT provided for the following problems: colic, constipation, diaper rash, fussiness, gas, prevention of allergies, sleeping problems, spitting up or as a supplement to breastfeeding.
5. The specialist's signature verifies that both a 5-day trial of a polymeric product and a 5-day trial of an extensively hydrolyzed product were completed prior to submitting this request.
6. After the age of one year:
   a. For children between one and two years of age, a renewal request (using the *Amino Acid-Based Infant Formula Request* form*, (RC-416E*) can be submitted for an appropriate amino acid-based formula. Renewals will be approved for a period of six months (renewable after six months, if necessary).
   b. For children over two years of age, the *Request for Specialized Supplements Program* (RC-417E) can be submitted, along with the recommendations of a registered dietitian.
7. Complete and fax or email this form to the Specialized Supplements Program Office. The original version of this form must be placed in the patient's medical record.
8. For more information, please consult the *Program Guidelines for Clinical Dietitians and Pediatricians* available here: https://www.vitalitenb.ca/en/services-and-locations/service-directory/new-brunswick-specialized-supplements-program.

Contact and Office Information

Specialized Supplements Program (SSP)
Vitalité Health Network
Dr. Georges-L.-Dumont University Hospital Centre
330 Université Avenue
Moncton NB E1C 2Z3
Phone number: 506-862-7596
Fax number: 506-869-2436
Email: ProgrammeSupplementProgram@vitalitenb.ca