

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

Ferric carboxymaltose

Initial application — serum ferritin less than or equal to 20 mcg/L
Applications from any relevant practitioner. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> Patient has been diagnosed with iron-deficiency anaemia with a serum ferritin level of less than or equal to 20 mcg/L and <input type="checkbox"/> Patient has been compliant with oral iron treatment and treatment has proven ineffective or <input type="checkbox"/> Treatment with oral iron has resulted in dose-limiting intolerance or <input type="checkbox"/> Rapid correction of anaemia is required
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Renewal — serum ferritin less than or equal to 20 mcg/L
Current approval Number (if known):.....
Applications from any relevant practitioner. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> Patient continues to have iron-deficiency anaemia with a serum ferritin level of less than or equal to 20 mcg/L and <input type="checkbox"/> A re-trial with oral iron is clinically inappropriate
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Initial application — iron deficiency anaemia
Applications only from an internal medicine physician, obstetrician, gynaecologist, anaesthetist or medical practitioner on the recommendation of a internal medicine physician, obstetrician, gynaecologist or anaesthetist. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> Patient has been diagnosed with iron-deficiency anaemia and <input type="checkbox"/> Patient has been compliant with oral iron treatment and treatment has proven ineffective or <input type="checkbox"/> Treatment with oral iron has resulted in dose-limiting intolerance or <input type="checkbox"/> Patient has symptomatic heart failure, chronic kidney disease stage 3 or more or active inflammatory bowel disease and a trial of oral iron is unlikely to be effective or <input type="checkbox"/> Rapid correction of anaemia is required

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:
Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Ferric carboxymaltose - *continued*

Renewal — iron deficiency anaemia

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

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