Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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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						
Appli Prere	and	Oral iron treatment has prove Oral iron treatment has resul Oral iron treatment has resul Rapid correction of anaemia	naemia g/L or less en 20 and 50 mcg/L RP) is at least 5 mg/L atory disease with symptoms of anaemia despite norm en ineffective ted in dose-limiting intolerance	mal iron levels		
Renewal — Anaemia Current approval Number (if known):						
Applications from any relevant practitioner. Approvals valid for 3 months. Prerequisites(tick boxes where appropriate)						
	and		with a serum ferritin level of 20 mcg/L, or less or being y disease with symptoms of anaemia despite norma			
	[A trial (or re-trial) with oral iron is cl	inically inappropriate			

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

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Name	<u>:</u>	Surname:	Surname:			
Addre	ess:	DOB:	Address:			
		Address:				
Fax N	lumber:		Fax Number:			
Appl inter	al application — iron deficiency anaemia ications only from an internal medicine physicial medicine physician, obstetrician, gynaecolequisites(tick boxes where appropriate)	an, obstetrician, gynaecologist, anaesthetist or mediogist or anaesthetist. Approvals valid for 3 months.	cal practitioner on the recommendation of a			
	Patient has been diagnosed with ir					
		with oral iron treatment and treatment has proven ine	ffective			
		resulted in dose-limiting intolerance				
	oral iron is unlikely to be effe	art failure, chronic kidney disease stage 3 or more or ctive	active inflammatory bowel disease and a trial of			
	Rapid correction of anaemia	is required				
Renewal — iron deficiency anaemia						
Curr	ent approval Number (if known):					
inter	ications only from an internal medicine physici nal medicine physician, obstetrician, gynaecolo equisites(tick boxes where appropriate)	an, obstetrician, gynaecologist, anaesthetist or mediogist or anaesthetist. Approvals valid for 3 months.	cal practitioner on the recommendation of a			
	Patient continues to have iron-defic	ciency anaemia				
	A re-trial with oral iron is clinically in	nappropriate				

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