

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

**Carbohydrate** (Moducal; Polycal)

**Initial application — Cystic fibrosis or kidney disease**

Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years.

**Prerequisites**(tick boxes where appropriate)

or

- Cystic fibrosis
- Chronic kidney disease

**Initial application — Indications other than cystic fibrosis or renal failure**

Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year.

**Prerequisites**(tick boxes where appropriate)

- Cancer in children
- or
- Cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years
- or
- Faltering growth in an infant/child
- or
- Bronchopulmonary dysplasia
- or
- Premature and post premature infant
- or
- For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

**Initial application — Inborn errors of metabolism**

Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified.

**Prerequisites**(tick box where appropriate)

- The patient has inborn errors of metabolism

**Renewal — Cystic fibrosis or renal failure**

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 3 years.

**Prerequisites**(tick box, and write the data requested in the space provided where appropriate)

and

- The treatment remains appropriate and the patient is benefiting from treatment

General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and 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](mailto:customerservice@health.govt.nz)

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

**Carbohydrate** (Moducal; Polycal) - *continued*

**Renewal — Indications other than cystic fibrosis or renal failure**

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 1 year.

**Prerequisites**(tick box, and write the data requested in the space provided where appropriate)

<input type="checkbox"/> The treatment remains appropriate and the patient is benefiting from treatment <b>and</b> General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and 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](mailto:customerservice@health.govt.nz)