

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

### Ferric carboxymaltose

#### Initial application — Anaemia

Applications from any relevant practitioner. Approvals valid for 3 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ Patient has been diagnosed with anaemia
- and
- ☐ Serum ferritin level is 20 mcg/L or less
- or
- ☐ Serum ferritin is between 20 and 50 mcg/L

and

☐ C-Reactive Protein (CRP) is at least 5 mg/L
- or
- ☐ Patient has chronic inflammatory disease with symptoms of anaemia despite normal iron levels
- and
- ☐ Oral iron treatment has proven ineffective
- or
- ☐ Oral iron treatment has resulted in dose-limiting intolerance
- or
- ☐ Rapid correction of anaemia is required

#### Renewal — Anaemia

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

Applications from any relevant practitioner. Approvals valid for 3 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ Patient continues to have anaemia with a serum ferritin level of 20 mcg/L, or less or between 20 and 50 mcg/L with CRP of at least 5 mg/L, or has chronic inflammatory disease with symptoms of anaemia despite normal iron levels
- and
- ☐ A trial (or re-trial) with oral iron is clinically inappropriate

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)

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**Ferric carboxymaltose** - continued

**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)

- ☐ Patient has been diagnosed with iron-deficiency anaemia
- and
- ☐ Patient has been compliant with oral iron treatment and treatment has proven ineffective
- or
- ☐ Treatment with oral iron has resulted in dose-limiting intolerance
- or
- ☐ 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
- ☐ Rapid correction of anaemia is required

**Renewal — iron deficiency anaemia**

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

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)

- ☐ Patient continues to have iron-deficiency anaemia
- and
- ☐ A re-trial with oral iron is clinically inappropriate

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

Signed: ..... Date: .....

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