Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2394
December 2026

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

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

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
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Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
.....	.....	.....

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: .....

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz