

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

**PRESCRIBER**

**PATIENT:**

Name: .....

Ward: ..... NHI: .....

**Dexamethasone**

**INITIATION – Diabetic macular oedema**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by an ophthalmologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patients have diabetic macular oedema with pseudophakic lens

and

Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision

and

Patient's disease has progressed despite 3 injections with bevacizumab

or

Patient is unsuitable or contraindicated to treatment with anti-VEGF agents

and

Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year

**CONTINUATION – Diabetic macular oedema**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by an ophthalmologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient's vision is stable or has improved (prescriber determined)

and

Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year

**INITIATION – Women of child bearing age with diabetic macular oedema**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by an ophthalmologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patients have diabetic macular oedema

and

Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision

and

Patient is of child bearing potential and has not yet completed a family

and

Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year

I confirm that the above details are correct:

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

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**PRESCRIBER**

**PATIENT:**

Name: .....

Name: .....

Ward: .....

NHI: .....

**Dexamethasone** - *continued*

**CONTINUATION – Women of child bearing age with diabetic macular oedema**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by an ophthalmologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient's vision is stable or has improved (prescriber determined)

and

Patient is of child bearing potential and has not yet completed a family

and

Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year

I confirm that the above details are correct:

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