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.

IBER	PATIENT:	
	NHI:	
Ranibizumab		
ssment isites ( Presc	Wet Age Related Macular Degeneration at required after 3 months (tick boxes where appropriate)  Cribed by, or recommended by an ophthalmologist or nurse practitioner, or in accordance with a protocol or guideline that has been rised by the Health NZ Hospital.  O Wet age-related macular degeneration (wet AMD)  or	
and	or O Choroidal neovascular membrane from causes other than wet AMD	
and	O There is no structural damage to the central fovea of the treated eye	
Prescendor  d  d	ON – Wet Age Related Macular Degeneration at required after 12 months (tick boxes where appropriate)  cribed by, or recommended by an ophthalmologist or nurse practitioner, or in accordance with a protocol or guideline that has been resed by the Health NZ Hospital.  Documented benefit must be demonstrated to continue  Patient's vision is 6/36 or better on the Snellen visual acuity score  There is no structural damage to the central fovea of the treated eye	
	uma ON - V ssmerr isites Press endo  UATIC ssmerr isites Press endo	

I confirm that the above details are correct:	
Cianad:	Date: