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:	
Ranibizumab		
Re-assessmer Prerequisites  Pres	Wet Age Related Macular Degeneration Intrequired 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 by the Health NZ Hospital.	
an an	The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab  There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart  There is no structural damage to the central fovea of the treated eye	
or	Patient has not previously been treated with aflibercept for longer than 3 months  Patient has current approval to use aflibercept for treatment of wAMD and was found to be intolerant to aflibercept within 3 months	
CONTINUATION – Wet Age Related Macular Degeneration Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)		
Prescribed by, or recommended by an ophthalmologist or nurse practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.		
and and	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	

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