

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**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

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

or

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**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

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: .....