

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: 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:

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: 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: