

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: .....

**Faricimab**

**INITIATION – Diabetic macular oedema**

Re-assessment required after 4 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Patient has centre involving diabetic macular oedema (DMO)  
**and**  
☐ Patient's disease is nonresponsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly  
**and**  
☐ Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision  
**and**  
☐ Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometers  
**and**  
☐ There is no centre-involving sub-retinal fibrosis or foveal atrophy  
**and**  
☐ Patient has not previously been treated with aflibercept for longer than 3 months

**CONTINUATION – Diabetic macular oedema**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

- ☐ There is stability or two lines of Snellen visual acuity gain  
**and**  
☐ There is structural improvement on OCT scan (with reduction in intra-retinal cysts, central retinal thickness, and sub-retinal fluid)  
**and**  
☐ Patient's vision is 6/36 or better on the Snellen visual acuity score  
**and**  
☐ There is no centre-involving sub-retinal fibrosis or foveal atrophy

**INITIATION – Wet age related macular degeneration**

Re-assessment required after 3 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Wet age-related macular degeneration (wet AMD)  
**or**  
☐ Polypoidal choroidal vasculopathy  
**or**  
☐ Choroidal neovascular membrane from causes other than wet AMD  
**and**  
☐ The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab  
**or**  
☐ There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart  
**and**  
☐ There is no structural damage to the central fovea of the treated eye  
**and**  
☐ Patient has not previously been treated with ranibizumab or aflibercept for longer than 3 months

I confirm that the above details are correct:

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

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Faricimab** - *continued*

**CONTINUATION – Wet age related macular degeneration**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Patient's vision is 6/36 or better on the Snellen visual acuity score
- and**
- ☐ There is no structural damage to the central fovea of the treated eye

I confirm that the above details are correct:

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