Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:					
Reg No:	First Names:	First Names:					
Name:	Surname:	Surname:					
Address:	DOB:	Address:					
	Address:						
Fax Number:		Fax Number:					
Aflibercept							
Application — diabetic macular oedema Applications from any relevant practitioner. Approvals valid for 4 months. Prerequisites(tick boxes where appropriate) Patient has centre involving diabetic macular oedema (DMO) and Patient's disease is non responsive 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 faricimab for longer than 3 months							
Renewal — diabetic macular oedema Current approval Number (if known):							

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				Address:			
Fax N	umbei	r:			Fax Number:		
Aflibercept - continued							
Initial application — wet age related macular degeneration Applications from any relevant practitioner. Approvals valid for 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				
	a	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				
	or	and and		ge to the central fovea of the treated eye een treated with ranibizumab or faricimab for longer th	han 3 months		
	or [Patient has current approval 3 months	to use ranibizumab or faricimab for treatment of wAM	MD and was found to be intolerant within		
			Patient has previously* (*bet treatment	fore June 2018) received treatment with ranibizumab	for wAMD and disease was stable while on		
Personal west are related as a value demonstrate							
Renewal — wet age related macular degeneration Current approval Number (if known):							
	[Oocumented benefit must be demo	onstrated to continue			
	and [and	Patient's vision is 6/36 or better on the Snellen visual acuity score					
] [