

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT</b> NHI: .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	Address: .....	.....
.....	.....	.....
Fax Number: .....	.....	Fax Number: .....

### Dexamethasone 700 mcg ocular implants

#### Initial application — Diabetic macular oedema

Applications only from an ophthalmologist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ Patient has 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

#### Renewal — Diabetic macular oedema

Current approval Number (if known):.....

Applications only from an ophthalmologist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ 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

#### Initial application — Women of child bearing age with diabetic macular oedema

Applications only from an ophthalmologist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ Patient has 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 the above details are correct and that in signing this form I understand I may be audited.

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

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)

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.....	Address: .....	.....
.....	.....	.....
Fax Number: .....	.....	Fax Number: .....

**Dexamethasone 700 mcg ocular implants** - *continued*

**Renewal — Women of child bearing age with diabetic macular oedema**

Current approval Number (if known):.....

Applications only from an ophthalmologist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ 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

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