

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:

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

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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

I confirm the above details are correct and that in signing this form I understand I may be audited.

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