Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1680
December 2026

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
Reg No:	First Names:	First Names: .....
Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
.....	.....	.....

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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Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
.....	.....	.....

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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