HOSPITAL MEDICINES LIST
RESTRICTIONS CHECKLIST

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: .....

Moxifloxacin

INITIATION – Mycobacterium infection

Prerequisites (tick boxes where appropriate)

- ○ Prescribed by, or recommended by an infectious disease specialist, clinical microbiologist or respiratory specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ○ Active tuberculosis

  and

  - ○ Documented resistance to one or more first-line medications

  or

  - ○ Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents

  or

  - ○ Impaired visual acuity (considered to preclude ethambutol use)

  or

  - ○ Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications

  or

  - ○ Significant documented intolerance and/or side effects following a reasonable trial of first-line medications

or

- ○ Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated

or

- ○ Patient is under five years of age and has had close contact with a confirmed multi-drug resistant tuberculosis case

INITIATION – Pneumonia

Prerequisites (tick boxes where appropriate)

- ○ Prescribed by, or recommended by an infectious disease specialist or clinical microbiologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ○ Immunocompromised patient with pneumonia that is unresponsive to first-line treatment

or

- ○ Pneumococcal pneumonia or other invasive pneumococcal disease highly resistant to other antibiotics

INITIATION – Penetrating eye injury

Prerequisites (tick box where appropriate)

- ○ Prescribed by, or recommended by an ophthalmologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ○ Five days treatment for patients requiring prophylaxis following a penetrating eye injury

INITIATION – Mycoplasma genitalium

Prerequisites (tick boxes where appropriate)

- ○ Has nucleic acid amplification test (NAAT) confirmed Mycoplasma genitalium and is symptomatic

and

- ○ Has tried and failed to clear infection using azithromycin

or

- ○ Has laboratory confirmed azithromycin resistance

and

- ○ Treatment is only for 7 days

I confirm that the above details are correct:

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

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PRESCRIBER

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Moxifloxacin *- continued*

INITIATION – severe delayed beta-lactam allergy

Prerequisites (tick box where appropriate)

- ❍ Prescribed by, or recommended by an infectious disease specialist or clinical microbiologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ❍ Individual has a history of severe delayed beta-lactam allergy

I confirm that the above details are correct:

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