

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: Name:

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

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: 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: