SA Health

Streamline Non Formulary Request: Moxifloxacin 0.5% Eye Drops (SAS)

Moxifloxacin 0.5% Eye Drops (SAS) are not listed on the South Australian Medicines Formulary however are available on request for use by Ophthalmology for antibiotic surgical prophylaxis in patients with a high-risk* penicillin / cephalosporin allergy for administration via the intracameral route.

Care needs to be taken; this is an unlicensed route of administration and not all Moxifloxacin eye drop formulations are suitable for intracameral administration. Prescribers wanting to administer moxifloxacin via the intracameral route **should *ensure only Viagmox ® brand of moxifloxacin 0.5% eye drops are utlised.***

AND The patient has given informed consent prior to treatment for the use of an unlicensed medication **AND** Category A Special Access Scheme (SAS) form completed **AND** Administration is by an Ophthalmologist following an approved DTC protocol **AND** Patient will be reviewed at 1 day and 1 month post-surgery to monitor any signs of harm or toxicity, reporting to adverse events to Therapeutic Goods Administration (TGA) and the sponsor of the medicine

* History suggestive of high risk (e.g. anaphylaxis, angioedema, bronchospasm, urticaria, Drug rash with eosinophilia and systemic symptoms (DRESS) / Stevens-Johnson syndrome (SJS) / Toxic epidermal necrolysis (TEN)

The following information is required to be provided by the prescriber prior to dispensing.

Patient details:

Name:		
UR #:	Date of birth:	Gender:
Patient location (site/hospital):		

Eligibility for Moxifloxacin 0.5% Eye Drops (SAS):

Ophthalmology for antibiotic surgical prophylaxis in patients with a high-risk* penicillin / cephalosporin allergy for administration via the intracameral route **AND**

Patient has given informed consent prior to treatment **AND**

Category A Special Access Scheme (SAS) form completed **AND**

Administration to be undertaken by an Ophthalmologist following an approved DTC protocol **AND**

Patient will be reviewed at 1 day and 1 month post-surgery to monitor any signs of harm or toxicity, reporting to adverse events to Therapeutic Goods Administration (TGA) and the sponsor of the medicine

* History suggestive of high risk (e.g. anaphylaxis, angioedema, bronchospasm, urticaria, Drug rash with eosinophilia and systemic symptoms (DRESS) / Stevens-Johnson syndrome (SJS) / Toxic epidermal necrolysis (TEN)

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Prescriber details:

I certify that the above information is correct Date: Prescriber Name: Position:
Clinical unit, hospital:
Telephone No: Pager No:

PHARMACY USE INFORMATION

Entered in iPharmacy	Yes No	Signature:
Entered in database	Yes No	Date:

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