



PREScriBERS OR INDICATIONS EXEMPT FROM PREAPRROVAL LISTED BELOW

Auckland ADULT anti-infectives for preapproval

EFFECTIVE DECEMBER 2022

Antiretrovirals	Special authority (SA) criteria	
Antimycobacterials	TB SMO	
(incl. streptomycin)		
Antiparasitics	No exemptions (incl. albendazole, ivermectin, mebendazole, nitazoxanide, praziquantel & sodium stibogluconate)	
Antimalarials	No exemptions	
Aciclovir oral/inj	DCCM SMO VZV/HSV prophylaxis: Transplant protocols	
Amikacin inj	CAPD peritonitis: Renal protocol TB/CF SMO	
Amphotericin B inj	Ophthalmology for 0.15% eye drops	
AmBisome® inj	High risk liver transplant prophylaxis: NZLTU protocol	
Azithromycin oral	CF prophylaxis/lung transplant BOOP (SA) <i>C. trachomatis/N. gonorrhoeae</i> infection (1 dose)	
Aztreonam inj	CVICU/DCCM/NZLTU SMO Febrile neutropenia – Haem protocol	
Caspofungin inj	No exemptions	
Cefepime inj	Febrile neutropenia – Haem protocol CF SMO	
Cefotaxime inj	No exemptions	
Cefoxitin inj	Respiratory SMO	
Ceftaroline inj	No exemptions	
Ceftazidime inj	CAPD peritonitis: Renal protocol CVICU/DCCM/Resp SMO	
Ceftriaxone inj	Febrile neutropenia – Haem & Onc protocols DCCM – REMAP-CAP Study <i>N. gonorrhoeae</i> infection (1 dose) PID/TOA protocol	
Cefuroxime oral	No exemptions	
Chloramphenicol inj	No exemptions	
Cidofovir inj	Laryngeal papillomatosis	
Ciprofloxacin oral	CAPD peritonitis: Renal protocol CF SMO <i>N. gonorrhoeae</i> infection (1 dose)	
Ciprofloxacin inj	No exemptions	
Ciprofloxacin eye and ear drops	Ophthalmology <i>P. aeruginosa</i> otitis externa TM perf	
Clarithromycin oral	<i>H. pylori</i> treatment TB SMO	
Clarithromycin inj	CAP	
Clindamycin oral	Endocarditis prophylaxis (1 dose) Febrile neutropenia – Haem protocol	
Clindamycin inj	Endocarditis prophylaxis (1 dose) Surgical prophylaxis (Cef allergy, 1 dose) Febrile neutropenia – Haem protocol	
Colistin inj (+neb)	No exemptions	
Dapsone oral	PCP prophylaxis (sulfa allergy)	
Daptomycin inj	No exemptions	
Doxycycline inj	Pleurodesis	
Ertapenem inj	No exemptions	
Evusheld (cil/tix) inj	Prophylaxis per access criteria	
Fluconazole oral	CAPD peritonitis: Renal protocol Liver transplant prophylaxis: NZLTU protocol Fungal prophylaxis: Haem protocol	
Fluconazole inj	No exemptions	
Flucytosine oral	No exemptions	
Foscarnet inj	No exemptions	
Fosfomycin oral	No exemptions	
Fusidic acid oral/top	No exemptions	
Ganciclovir inj	CMV treatment – immunocompr. host	
Imipenem/cilastatin inj	No exemptions	
Itraconazole oral	No exemptions	
Lincomycin inj	No exemptions	
Linezolid oral/ inj	No exemptions	
Meropenem inj	No exemptions	
Molnupiravir oral	No exemptions	
Moxifloxacin oral/ inj	TB SMO DCCM – REMAP-CAP Study	
Mupirocin top	<i>S. aureus</i> eradication: Renal protocol	
Oseltamivir oral	No exemptions	
Paromomycin oral	No exemptions	
Pentamidine inj (+ neb)	No exemptions	
Piperacillin/tazobactam inj	VAP - CVICU protocol Febrile neutropenia – Haem protocol	
Pivmecillinam oral	No exemptions	
Posaconazole oral	Fungal prophylaxis AML : Haem protocol	
Pyrimethamine oral	Maternal toxoplasmosis MFM SMO	
Remdesivir intravenous	General Medicine and COVID SMO	
Rifampicin oral	See Antimycobacterials	
Rifampicin inj	Vascular graft infection (1 dose)	
Spiramycin oral	Maternal toxoplasmosis MFM SMO	
Sulfadiazine oral	Maternal toxoplasmosis MFM SMO	
Tecovirimat oral	No exemptions	
Teicoplanin inj	No exemptions	
Terbinafine oral	Dermatology SMO	
Tetracycline oral	No exemptions	
Ticarcillin/clavulanate inj	No exemptions	
Tigecycline inj	No exemptions	
Tobramycin inj (+neb)	CF SMO	
Valaciclovir oral	VZV/HSV prophylaxis: Transplant and Cancer & Blood protocols	
Valganciclovir oral	SA criteria	
Vancomycin inj (+oral)	CAPD peritonitis: Renal protocol Surgical prophylaxis MRSA carrier (1 dose) Endocarditis prophylaxis (1 dose) Group B Strep prophylaxis (Cef allergy) Febrile neutropenia – Haem protocol	
Voriconazole inj/oral	No exemptions	
Zanamivir inh	No exemptions	

The medication chart must be clearly annotated with the indication and duration of the antimicrobial prescribed AND the name of the approver, exempted SMO or special authority number

The following antimicrobials have been excluded from the HML and may not be used without NPPA approval: capreomycin, cefamandole, cefpirome, cefpodoxime, cefradine, doripenem, gatifloxacin, levofloxacin, lymecycline, neomycin, netilmicin, pavilizumab, piperacillin, pyrantel, quinipristin/dalfopristin, rifaximin, temocillin, tinidazole.