Ophthalmology Subcommittee of PTAC
Teleconference held 2 May 2013

(minutes for web publishing)

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Note that this document is not necessarily a complete record of the Ophthalmology Subcommittee meeting; only the relevant portions of the minutes relating to Ophthalmology Subcommittee discussions about an Application or PHARMAC staff proposal that contain a recommendation are generally published.

The Ophthalmology Subcommittee may:

(a) recommend that a pharmaceutical be listed by PHARMAC on the Pharmaceutical Schedule and the priority it gives to such a listing;
(b) defer a final recommendation, and give reasons for the deferral (such as the supply of further information) and what is required before further review; or
(c) recommend that PHARMAC decline to list a pharmaceutical on the Pharmaceutical Schedule.

These Subcommittee minutes were reviewed by PTAC at its meeting on 7 November 2013, the record of which will be available in February 2014.

Record of the

OPHTHALMOLOGY SUBCOMMITTEE OF PTAC

Teleconference Meeting

held on 2 May 2013

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1 Moxifloxacin for prophylaxis of endophthalmitis following penetrating eye injury

1.1 The Subcommittee considered a proposal to widen access for moxifloxacin tablets following penetrating eye injury. The Anti-Infective Subcommittee, which had considered the indication at their meeting in December 2012, had recommended that this Subcommittee consider the appropriate wording for a restriction.

1.2 The Subcommittee noted that 5% of patients with a penetrating eye injury develop endophthalmitis and that this increases to 10% if a foreign body has remained in the eye. Members noted that endophthalmitis can lead to permanent blindness.

1.3 The Subcommittee considered that moxifloxacin would be used for prophylaxis of endophthalmitis at a dose of one 400 mg tablet, once daily, for five days (equivalent to one pack of moxifloxacin). Members considered that moxifloxacin would be used as a single agent. Members considered that ciprofloxacin was the most appropriate comparator.

1.4 The Subcommittee considered that there was strong evidence that moxifloxacin was effective in preventing endophthalmitis. The Subcommittee considered that moxifloxacin is effective at crossing the blood-ocular barrier. Members noted that orally administered moxifloxacin, while previously considered excellent against Gram positive bacteria, has had a recent paper (Schimel et al, *Arch Ophthalmol.* 2012; 130(12)) showing decreased effectiveness in the United States. However, members considered that such reports from the USA were not necessarily applicable to New Zealand where sensitivity of moxifloxacin may still be good.

1.5 The Subcommittee considered that there would not be more than 100 patients receiving this treatment each year, leading to an annual budget impact of under $5,000. This would be further reduced by decreased expenditure on ciprofloxacin and any savings from reducing hospital stay.

1.6 The Subcommittee noted that patients with a penetrating eye injury remain in hospital for two to three days and initiation of moxifloxacin would likely occur in this setting. Members noted that if an infection occurred, patients would remain in hospital for an additional number of days.

1.7 The Subcommittee considered that the value in preventing endophthalmitis and blindness, along with possibly reducing length of hospital stays, justified the low net cost of the drug. Members discussed the issue of safety in children but decided that this was best addressed by the prescriber.

1.8 The Subcommittee **recommended**, with a high priority, widening access of moxifloxacin to add the following criteria for access:

Initial application only from an ophthalmologist. Approvals valid for 5 days for patients requiring prophylaxis following a penetrating eye injury.