

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Emtricitabine with tenofovir disoproxil

Initial application

Applications from any relevant practitioner. Approvals valid for 3 months.

Prerequisites(tick boxes where appropriate)

Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis (refer to local health pathways or <https://ashm.org.au/HIV/PrEP/> for training materials)

and

Patient has undergone testing for HIV, syphilis and Hep B if not immune and a full STI screen in the previous two weeks

and

Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 3 months and is not contraindicated for treatment

and

Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks

and

Patient has tested HIV negative and is not at risk of HIV seroconversion

and

Patient is male or transgender

and

Patient has sex with men

and

Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months

and

Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months

or

A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months

or

Patient has used methamphetamine in the last three months

or

Patient has a regular partner who has HIV infection

and

Partner is either not on treatment or has a detectable viral load

and

Condoms have not been consistently used

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Emtricitabine with tenofovir disoproxil - continued

Renewal

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 3 months.

Prerequisites(tick boxes where appropriate)

Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis (refer to local health pathways or <https://ashm.org.au/HIV/PrEP/> for training materials)

and

Patient has undergone testing for HIV, syphilis and Hep B if not immune and a full STI screen in the previous two weeks

and

Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months and is not contraindicated for treatment

and

Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks

and

Patient has tested HIV negative and is not at risk of HIV seroconversion

and

Patient is male or transgender

and

Patient has sex with men

and

Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months

and

Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months

or

A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months

or

Patient has used methamphetamine in the last three months

or

Patient has a regular partner who has HIV infection

and

Partner is either not on treatment or has a detectable viral load

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Condoms have not been consistently used

I confirm the above details are correct and that in signing this form I understand I may be audited.

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