

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:

PATIENT:

Name:

NHI:

Protease Inhibitors

INITIATION – Confirmed HIV

Prerequisites (tick box where appropriate)

- Patient has confirmed HIV infection

INITIATION – Prevention of maternal transmission

Prerequisites (tick boxes where appropriate)

- Prevention of maternal foetal transmission
or
 Treatment of the newborn for up to eight weeks

INITIATION – Post-exposure prophylaxis following exposure to HIV

Prerequisites (tick boxes where appropriate)

- Treatment course to be initiated within 72 hours post exposure
and
 Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml
or
 Patient has shared intravenous injecting equipment with a known HIV positive person
or
 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required
or
 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown

Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (<https://www.ashm.org.au>)

INITIATION – Percutaneous exposure

Prerequisites (tick box where appropriate)

- Patient has percutaneous exposure to blood known to be HIV positive

I confirm that the above details are correct:

Signed: Date: