Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2520
September 2025

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 — Pre-exposure prophylaxis
Applications from any relevant practitioner. Approvals valid for 24 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion
- **and**
- ☐ The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate

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

Renewal — Pre-exposure prophylaxis

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

Applications from any relevant practitioner. Approvals valid for 24 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion
- **and**
- ☐ The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate

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

Initial application — post-exposure prophylaxis following exposure to HIV
Applications from any relevant practitioner. Approvals valid for 4 weeks.
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 appropriate
  - **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: Tenofovir disoproxil prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals.
Subsidies apply for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.
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

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

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
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.....	Address:	.....
.....	.....	.....
Fax Number:	.....	Fax Number: .....

Emtricitabine with tenofovir disoproxil *- continued*

Renewal — second or subsequent post-exposure prophylaxis

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

Applications from any relevant practitioner. Approvals valid for 4 weeks.

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 appropriate

or

☐ Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown

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

Signed: ..... Date: .....

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