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	PATIENT:
Name:	Name:
Ward:	NHI:
Non-Nucleoside Reverse Transcriptase Inhibitors	
INITIATION – Confirmed HIV Prerequisites (tick box where appropriate)	
O Patient has confirmed HIV infection	
INITIATION – Prevention of maternal transmission Prerequisites (tick boxes where appropriate)	
O Prevention of maternal foetal transmission or O 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	9
Patient has had condomless anal intercourse or receptive unknown or detectable viral load greater than 200 copies or Patient has shared intravenous injecting equipment with or Patient has had non-consensual intercourse and the clir required or	
Note: Refer to local health pathways or the Australasian Society for HIV, Viral	Hepatitis and Sexual Health Medicine clinical guidelines for PEP (https://www.ashn
INITIATION – Percutaneous exposure Prerequisites (tick box where appropriate) O Patient has percutaneous exposure to blood known to be HIV positive.	ve

I confirm that the above details are correct:

Signed: Date: