HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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:	
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)					
0	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) O Treatment course to be initiated within 72 hours post exposure					
ar	or or or	0	Patient has had condomless anal intercourse or receptive unknown or detectable viral load greater than 200 copies	ve vaginal intercourse with a known HIV positive person with an s per ml	
		0	Patient has shared intravenous injecting equipment with Patient has had non-consensual intercourse and the clin required	a known HIV positive person	
		0	Patient has had condomless anal intercourse with a per is unknown	son from a high HIV prevalence country or risk group whose HIV status	
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					

Signed: Date: