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:
Emtricitabine with tenofovir disoproxil	
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 non-occupational exp Prerequisites (tick boxes where appropriate)	osure to HIV
Treatment course to be initiated within 72 hours post exposure and	
O Patient has had unprotected receptive anal intercourse vor O Patient has shared intravenous injecting equipment with or O Patient has had non-consensual intercourse and the clir required	
INITIATION – Percutaneous exposure Prerequisites (tick box where appropriate)	
O Patient has percutaneous exposure to blood known to be HIV positiv	re
INITIATION – Pre-exposure prophylaxis Re-assessment required after 24 months Prerequisites (tick boxes where appropriate)	
Patient has tested HIV negative, does not have signs or sympt and The Practitioner considers the patient is at elevated risk of HIV	oms of acute HIV infection and has been assessed for HIV seroconversion 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/P
CONTINUATION – Pre-exposure prophylaxis Re-assessment required after 24 months Prerequisites (tick boxes where appropriate)	
Patient has tested HIV negative, does not have signs or sympt and The Practitioner considers the patient is at elevated risk of HIV	oms of acute HIV infection and has been assessed for HIV seroconversion 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/P