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)	
O Prevention of maternal foetal transmission or O Treatment of the newborn for up to eight weeks	
Prerequisites (tick boxes where appropriate)  Or Treatment course to be initiated within 72 hours post example.	xposure
Patient has had condomless anal intercourse or reunknown or detectable viral load greater than 200	
O Patient has shared intravenous injecting equipme or Patient has had non-consensual intercourse and required or	the clinician considers that the risk assessment indicates prophylaxis is
	n a person from a high HIV prevalence country or risk group whose HIV status
Note: Refer to local health pathways or the Australasian Society for HIV	v, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (https://www.as
INITIATION – Percutaneous exposure Prerequisites (tick box where appropriate)	
Total distribution (more appropriate)	

I confirm that the above details are correct:

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