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 exposure to HIV Prerequisites (tick boxes where appropriate)	
Treatment course to be initiated within 72 hours post exposure	
O Patient has had unprotected receptive anal intercourse or O Patient has shared intravenous injecting equipment with or O Patient has had non-consensual intercourse and the clin required	
INITIATION – Percutaneous exposure Prerequisites (tick box where appropriate) O Patient has percutaneous exposure to blood known to be HIV positive	
INITIATION – Pre-exposure prophylaxis Re-assessment required after 24 months Prerequisites (tick boxes where appropriate)	
O Patient has tested HIV negative, does not have signs or symp and O The Practitioner considers the patient is at elevated risk of HIV	toms 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/F
CONTINUATION – Pre-exposure prophylaxis Re-assessment required after 24 months Prerequisites (tick boxes where appropriate)	
O Patient has tested HIV negative, does not have signs or symp and O The Practitioner considers the patient is at elevated risk of HIV	toms 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/F	

Signed: Date: