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 and	
Patient has had unprotected receptive anal intercourse or	with a known HIV positive person
O Patient has shared intravenous injecting equipment with	a known HIV positive person
O Patient has had non-consensual intercourse and the clin required	nician considers that the risk assessment indicates prophylaxis is
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)	
Patient has tested HIV negative, does not have signs or symp and The Practitioner considers the patient is at elevated risk of HIV	toms of acute HIV infection and has been assessed for HIV seroconversion
	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 symp	toms of acute HIV infection and has been assessed for HIV seroconversion
O The Practitioner considers the patient is at elevated risk of HI	
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	