

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**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Emtricitabine with tenofovir disoproxil**

**INITIATION – Confirmed HIV**

**Prerequisites** (tick box where appropriate)

- ☐ Patient has confirmed HIV infection

**INITIATION – Prevention of maternal transmission**

**Prerequisites** (tick boxes where appropriate)

- ☐ Prevention of maternal foetal transmission  
or  
☐ 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 with a known HIV positive person  
or  
☐ Patient has shared intravenous injecting equipment with a known HIV positive person  
or  
☐ Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required

**INITIATION – Percutaneous exposure**

**Prerequisites** (tick box where appropriate)

- ☐ 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 symptoms of acute HIV infection and has been assessed for HIV seroconversion  
and  
☐ The Practitioner considers the patient is at elevated risk of HIV 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/Pr>)

**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 symptoms of acute HIV infection and has been assessed for HIV seroconversion  
and  
☐ The Practitioner considers the patient is at elevated risk of HIV 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/Pr>)

I confirm that the above details are correct:

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