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)

◯ Patient has confirmed HIV infection

INITIATION – Prevention of maternal transmission
Prerequisites (tick boxes where appropriate)

or
◯ Prevention of maternal foetal transmission

◯ 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

or
◯ Patient has had unprotected receptive anal intercourse with a known HIV positive person

◯ 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: ....