

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: