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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Protease Inhibitors

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 exposure to HIV

Prerequisites (tick boxes where appropriate)

- ○ Treatment course to be initiated within 72 hours post exposure

and

- ○ Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml

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

or

- ○ Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown

Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (https://www.ashm

INITIATION – Percutaneous exposure

Prerequisites (tick box where appropriate)

- ○ Patient has percutaneous exposure to blood known to be HIV positive

I confirm that the above details are correct:

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