

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: Name:

Ward: 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)

or Prevention of maternal foetal transmission
 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.org.au>)

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: