

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:

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/PrEP>)

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/PrEP>)

I confirm that the above details are correct:

Signed: Date: