

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: .....