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## **PURPOSE OF THIS DOCUMENT**

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This document provides information and guidance to assist with assessing applicants with HIV or taking PrEP to prevent HIV.

## **BACKGROUND**

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Some of the anti-retroviral medications used for the treatment of HIV in New Zealand changed to generics (or are subject to a confidential pricing rebate) in July 2018. This resulted in a change to the outcomes for visa applicants with HIV because the majority of the anti-retrovirals used for HIV are no longer considered high cost.

HIV medications that became generics in 2018 are:

- Truvada – Tenofovir disoproxil fumarate and Emtricitabine
- Atripla – Tenofovir disoproxil fumarate, Emtricitabine and Efavirenz

## **ASSESSING HIV FOR ASH REQUIREMENTS**

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### **Making further information requests (FIRs) to applicants with HIV**

If an applicant with HIV is taking non-generic medication make a FIR for an HIV specialist to:

- confirm the cost of the medication in NZ,
- comment on whether the applicant could be changed to a generic NZ medication at any time in the future.
- Comment on the applicant's compliance with their treatment and monitoring

## **ASH OUTCOMES FOR APPLICANTS WITH HIV**

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### **Temporary entry visas**

#### **AWC**

Your opinion will be likely AWC if the applicant has HIV with no complications – that is, HIV which is stable, with no history of, or current associated complications, is compliant with treatment and with a favourable Specialists report.

The AWC conditional FIR should include the following:

- A recent report from an infectious disease specialist is required regarding the applicant's HIV. This should include – history, diagnosis, current clinical examination findings, information about the applicant's HIV status including viral load, CD4 and

AIDS defining conditions, the results of any additional investigations performed, ongoing management needs, compliance with treatment and the applicant's long term prognosis.

#### NOT ASH

Your opinion will be likely NOT ASH if the applicant has HIV and:

- is taking non-generic medication (or taking medication not subject to the Pharmac confidential pricing rebate) which remains high cost, or
- is non-compliant with treatment or their monitoring requirements as outlined by their specialist, or
- is considered to be a public health risk, or
- has or has previously had, secondary complications to their HIV.

#### Residence visas

##### ASH

Your opinion will be likely ASH if the applicant has HIV with no complications – that is, HIV which is stable, with no history of, or current associated complications, is compliant with treatment and with a favourable Specialists report.

Before an ASH opinion the following information is required:

- A recent or updated report from an infectious disease specialist is required regarding the applicant's HIV. This should include – history, diagnosis, current clinical examination findings, information about the applicant's HIV status including viral load, CD4 and AIDS defining conditions, the results of any additional investigations performed, ongoing management needs, compliance with treatment and the applicant's long term prognosis.

##### NOT ASH

Your opinion will be likely NOT ASH if the applicant has HIV and:

- is taking non-generic medication (or taking medication not subject to the Pharmac confidential pricing rebate) which remain high cost, or
- Is non-compliant with treatment or their monitoring requirements as outlined by their specialist, or
- is considered to be a public health risk, or
- has or has previously had, complications secondary to their HIV.



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## **ASH OUTCOMES FOR APPLICANTS TAKING PREP**

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Some applicants are taking PrEP to prevent them from contracting HIV. This medication is not a generic medication in New Zealand and still costs approximately \$830 per month. This means it is high cost for any visa type. However, as this medication is a preventative medication and an applicant is not taking it to treat a medical condition, this medication can be disregarded when assessing a health case.

## **APPENDICES**

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*Funded Antiretrovirals*

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