



RPBS Medicinal Cannabis Tier 1 and 2 Authority Prescription Request

The Department of Veterans' Affairs (DVA) considers funding medicinal cannabis on a case-by-case basis through the Repatriation Pharmaceutical Benefits Scheme (RPBS) in accordance with DVA's medicinal cannabis policy framework. Please see [Medicinal cannabis information for providers](#) for further information.

DVA processes requests for funding under a two-tiered classification:

- Tier 1**
- Doctor must obtain approval for an RPBS Authority Prescription by:
 - uploading this form through Health Professional Online Services (HPOS) [upload portal](#) (www.servicesaustralia.gov.au/hpos?context=20).
 - or*
 - where urgent, via a phone call to Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 552 580 and providing the information required.
- Tier 2**
- Doctor applies to DVA for funding by completing the RPBS Medicinal Cannabis **D9546 Tier 2 Application Form** (<https://www.dva.gov.au/sites/default/files/2023-01/d9403.pdf>) and submitting via HPOS [upload portal](#) (www.servicesaustralia.gov.au/hpos?context=20).
 - Once funding approval has been granted, Doctor must obtain approval for an RPBS Authority Prescription by:
 - uploading this form through Health Professional Online Services (HPOS) [upload portal](#) (www.servicesaustralia.gov.au/hpos?context=20).
 - or*
 - where urgent, via a phone call to Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 552 580 and providing the information required.

Privacy Notice – Personal information is protected by law, including the *Privacy Act 1988*. Personal information collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

More information about how DVA manages personal information is available from www.dva.gov.au/about-us/overview/legal-resources/privacy and www.dva.gov.au/medcannabisproviders.

Date of application

Veteran Details

1. Name

Surname

Given Name(s)

2. Date of birth (dd/mm/yyyy)

3. DVA file number

4. Card Type

☐

Gold

☐

Orange

☐

White

5. DVA accepted conditions
to be treated (white card only)

Medical practitioner details

6. Prescriber name

7. Prescriber number

8. Prescriber type (e.g. GP, Pain specialist, Neurologist)

9. Address

Postcode

10. Contact Number

(including area code if applicable)

Work

Fax

11. Email address

Prescription Details

NOTE – A **Tier 2 Application** (<https://www.dva.gov.au/sites/default/files/2023-01/d9403.pdf>) must be approved by DVA prior to submitting an RPBS Authority Prescription Request when:

- If the patient is receiving three (3) or more medicinal cannabis products at the same time.

or

- The total THC dose is greater than 40mg/day.

12. Total daily dose across all products being prescribed

THC

mg

CBD

mg

13. Are there any other cannabinoids listed as an active ingredient in the product/s being prescribed?

☐

No

☐

Yes – if so, please provide details in Section C – Product Details

14. Is the patient receiving more than two medicinal cannabis products at the same time?

☐

No

☐

Yes – Please ensure you have Tier 2 approval before submitting this form.

15. Have you obtained all relevant state/territory/commonwealth approvals, including TGA authorisations to prescribe medicinal cannabis products?

☐

No – Please lodge this application after you have received the approval(s) from TGA and/or your state health department.

☐

Yes

First RPBS Authority Prescription

A. Date of Prescription**B. Authority Prescription Number****C. Product Details**

Trade name

TGA Category

Active ingredient(s) and strength

Directions /dosage

Form (e.g. oil, solution)

Pack size

Quantity (packs per month)

Repeats

Second RPBS Authority Prescription

A. Date of Prescription**B. Authority Prescription Number****C. Product Details**

Trade name

TGA Category

Active ingredient(s) and strength

Directions /dosage

Form (e.g. oil, solution)

Pack size

Quantity (packs per month)

Repeats

Third RPBS Authority Prescription (Only for approved Tier 2 requests)

A. Date of Prescription**B. Authority Prescription Number****C. Product Details**

Trade name

TGA Category

Active ingredient(s) and strength

Directions /dosage

Form (e.g. oil, solution)

Pack size

Quantity (packs per month)

Repeats

Fourth RPBS Authority Prescription (Only for approved Tier 2 requests)

A. Date of Prescription**B. Authority Prescription Number****C. Product Details**

Trade name

TGA Category

Active ingredient(s) and strength

Directions /dosage

Form (e.g. oil, solution)

Pack size

Quantity (packs per month)

Repeats

Clinical Justification – For Tier 1 Requests only

16. List the medical condition(s) being treated with medicinal cannabis

--

17. Relevant clinical indication(s)

- ☐ Chronic cancer pain
- ☐ Chronic pain e.g. neuropathy or other condition
- ☐ Cancer related nausea and vomiting
- ☐ Palliative care indications
- ☐ Anorexia and wasting associated with chronic illness (such as cancer)
- ☐ Spasticity from neurological conditions
- ☐ Refractory paediatric epilepsy

18. Have evidence-based standard treatments (if available and appropriate) for the condition(s) been attempted and failed?

- ☐ No – DVA is unable to consider funding medicinal cannabis unless standard treatments have been attempted and failed.
- ☐ Yes

19. Please confirm the following statements:

- ☐ The patient has been advised of potential contra-indications with medicinal cannabis treatment
- ☐ A suicide and mental health assessment has been undertaken and documented, determining there is no increased risk from medicinal cannabis on suicide ideation or mental health
- ☐ The patient has no current substance use disorder, and has low risk for substance use disorder
- ☐ The patient has agreed to their personal information being provided to DVA for the purpose of assessing their eligibility for the medicinal cannabis treatment

Submitting this form

Once this form is fully completed, please upload via the Health Professional Online Services (HPOS) [HPOS upload portal](https://www.servicesaustralia.gov.au/hpos?context=20) (<https://www.servicesaustralia.gov.au/hpos?context=20>) and include the appropriate authority prescription.

Please ensure all information provided is clearly written, complete and correct as missing or incorrect information, including clinical justification for request, may delay the processing of your request.