



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 process for funding a Tier 2 Application:

- Doctor applies to DVA for funding by completing this RPBS Medicinal Cannabis Tier 2 Application form and submitting via HPOS [upload portal](#) ([www.servicesaustralia.gov.au/hpos?context=20](http://www.servicesaustralia.gov.au/hpos?context=20)).
  - Once funding approval has been granted, Doctor must obtain approval for an RPBS Authority Prescription by:
    - uploading the **D9545 RPBS Medicinal Cannabis Tier 1 and 2 Authority Prescription Request form** through Health Professional Online Services (HPOS) [upload portal](#) ([www.servicesaustralia.gov.au/hpos?context=20](http://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](http://www.dva.gov.au/about-us/overview/legal-resources/privacy) and [www.dva.gov.au/medcannabisproviders](http://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

12. 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 – if so, please provide details

## Prescription Details

13. Total daily dose across all products being prescribed

THC

mg

CBD

mg

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

☐

No

☐

Yes – if so, please provide details

15. Product Details (attach a separate page if more than 4 products)

### Product 1

Trade name

TGA Category

Active ingredient(s) and strength

Directions /dosage

Form (e.g. oil, solution)

**Product 2**

Trade name	<input type="text"/>	TGA Category	<input type="text"/>
Active ingredient(s) and strength	<input type="text"/>		
Directions /dosage	<input type="text"/>	Form (e.g. oil, solution)	<input type="text"/>

**Product 3**

Trade name	<input type="text"/>	TGA Category	<input type="text"/>
Active ingredient(s) and strength	<input type="text"/>		
Directions /dosage	<input type="text"/>	Form (e.g. oil, solution)	<input type="text"/>

**Product 4**

Trade name	<input type="text"/>	TGA Category	<input type="text"/>
Active ingredient(s) and strength	<input type="text"/>		
Directions /dosage	<input type="text"/>	Form (e.g. oil, solution)	<input type="text"/>

**Clinical Justification**

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

**17. Has DVA approved funding for this client via a previous Tier 2 application for cannabis?**

- ☐ No – Continue to next question  
☐ Yes – Go to question 19 (reapplication)

**18. 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  
☐ Other – please specify

If other, please attach evidence that the proposed treatment is supported by several high-quality scientific studies with very few or no credible opposing findings that is effective in treating the condition.

**19. Has a relevant treating non-GP specialist provided their own written assessment that medicinal cannabis is clinically indicated and may benefit the patient?**

- ☐ No – A written assessment from a relevant non-GP specialist is required by DVA
- ☐ Yes – Please **attach** the assessment letter from the treating non-GP specialist)

**NOTE** – Under the DVA framework, the speciality should have direct relevance to the condition being treated. The non-GP specialist written assessment should also include detailed clinical information about the medical conditions being treated, and previous treatment strategies which lead to their recommendation that medicinal cannabis should be trialled as part of the treatment protocol for the patient.

**20. 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 – Please list attempted treatment(s) and their outcomes

**21. 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

**If this is not a re-application, go to *Submitting this form* below**

## Re-application

**22. Please specify the reason(s) for re-application**

- ☐ Ongoing treatment
- ☐ Increasing total daily dose of THC or CBD
- ☐ Changing Prescriber
- ☐ Other – please specify

**23. Please report on the outcomes of this therapy including objective treatment results (e.g. pain scores), any functional improvement, changes to prescribed medicines**

**24. Please report on the ongoing monitoring of the patient's mental health status**

## Submitting this form

Once this form is fully completed, please upload via the Health Professional Online Services (HPOS) [HPOS upload portal](http://www.servicesaustralia.gov.au/hpos?context=20) (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.