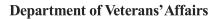
Australian Government



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).
- 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).
- 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							Postcod	le
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?	fro	0 — Please loo om TGA and/c s — if so, plea	or your sta	te health	after you have department.	received th	ie approva	ıl(s)
	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) s <u> </u>	ise provide	e details				
15.	Product Details (attach a separate page if more than 4 products)	Produc Trade name	t 1					GA Category	

name	Category
Active ingredient(s) and strength	
Directions /dosage	Form (e.g. oil, solution)

Product 2

		Trade name				TGA Category
		Active in and stre	ngredient(s)			
		Directio /dosag			Form (e.g. oil, solution)	
		Produc	t 3			
		Trade name				TGA Category
		Active in and stre	ngredient(s) ength			
		Directio /dosag			Form (e.g. oil, solution)	
		Produc	t 4			
		Trade name				TGA Category
		Active in and stre	ngredient(s) ength			
		Directio /dosage			Form (e.g. oil, solution)	
Clinica	al Justification					
	e medical condition(s) reated with medicinal vis					
this cli	A approved funding for ent via a previous Tier 2 ition for cannabis?		9 – Continue to next qu s – Go to question 19			
18. Releva	nt clinical indication(s)	Ch	ronic cancer pain			
			ronic pain e.g. neuropa		ion	
			ncer related nausea an	d vomiting		
			lliative care indications orexia and wasting asso	ociated with chroni	c illness (such a	as cancer)
			asticity from neurologic			
			fractory paediatric epile			
			her – please specify	F-)		
		sev	other, please attach evi veral high-quality scien dings that is effective i	tific studies with v	ery few or no cr	

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 menta health status	

Submitting this form

Once this form is fully completed, please upload via the Health Professional Online Services (HPOS) HPOS upload portal (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.