



The Repatriation Pharmaceutical Benefits Scheme (RPBS) provides eligible veteran card holders with access to pharmaceuticals and non-pharmaceutical health care that is safe, effective and high quality.  
Prior approval from DVA is required to prescribe items not listed in either PBS or RPBS Schedule (non-Schedule items).

**When to use this form:**

The use of this form is only required for [Health Professional Online Services \(HPOS\)](#) prior approval requests. This form is not required if you intend to seek approval via telephone.

Please see [Pharmacy information for providers | Department of Veterans' Affairs](#) for more information or call the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 552 580.

**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 [here](#)

[How does the DVA protect my privacy? | Department of Veterans' Affairs.](#)

**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****Product Details****12. Date of Prescription****13. Authority prescription No.****14. Brand and generic drug composition****15. Strength/Concentration****16. Formulation type****17. Current daily dose****18. Pack size****19. Quantity of pack required for up to 1 month supply****20. Quantity of repeats****21. Has PBS/RPBS listed treatment been trialled or inappropriate to prescribe**☐

No – Please provide explanation below

☐

Yes

**22. List the medical condition(s) and circumstances leading to this request**

**Please note:** Requests for approval of non-scheduled items need to include an explanation of the reason why scheduled items are not appropriate.

**Submitting this form**

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