



Treatment Resistant Depression Prior Financial Authorisation Ketamine, Esketamine and TMS

To fill this form in on screen, please download and save it to your computer and open it using Adobe Acrobat Reader 7 or above. This will enable all of the features of the form when you fill it in.

This form is to be used for requesting prior financial authorisation to provide emerging treatment of Treatment Resistant Depression (TRD) to eligible Department of Veterans' Affairs (DVA) health card holders – this includes Ketamine, Esketamine and TMS. Please note there are other prior financial authorisation request forms available which apply to other health services requests - see <https://www.dva.gov.au/get-support/providers/approvals-providers>

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

For further information and support to complete this form please contact the Provider Hotline on 1800 550 457 (Option 3, Option 1), Monday to Friday, 8.30am to 5.00pm (local time).

Returning this form – email to: HEALTH.APPROVAL@dva.gov.au
or post to: **Health Approvals & Home Care Team
Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001**

Privacy notice – Personal information is protected by law, including the *Privacy Act 1988*. Personal information may be collected by DVA for the delivery of government programs for veterans, members of the Australian Defence Force, members of the Australian Federal Police, and their dependants.

Go to www.dva.gov.au/privacy for more information about how DVA meets its obligations under the Privacy Act.

Important – The provider is responsible for ensuring that the client is aware that their personal information is to be forwarded to DVA for determining and/or providing the benefits under relevant legislation. The information will be treated in a confidential manner. However, it may be used for clinical review, audit or management purposes or disclosed to the client's treating team of clinicians.

1 Is this request part of a compensation claim? No ☐ Yes ☐  **Do not complete this form.** Proceed as outlined on the Transaction Reference Number (TRN) advice notice, which can be provided by your DVA patient.

Decision timeframe – Please allow 28 days for this request to be processed and a decision issued.

2 What is the proposed commencement date of service, if known? (dd/mm/yyyy)

3 Is this request urgent? No ☐ Yes ☐  Please provide reasons

Client details

4 Client's name Surname

Given name(s)

5 Date of birth (dd/mm/yyyy)

6 DVA file number

Clinic or hospital details – Complete the fields below or place the practice/hospital stamp**7 Clinic or hospital name****8 Clinic location or hospital provider number****9 Contact name****10 Contact phone number****11 Email address****Treating team****12 Administering psychiatrist**

Responsible for assessing clinical need and appropriateness of therapy and oversight of treatment.

13 Treating psychiatrist

Has an established therapeutic relationship with client and is responsible for ongoing care. If same as above, write 'as above'.

If there is no treating psychiatrist, provide qualifications and experience of treating GP and length of therapeutic relationship.

14 Treating GP

Has an established therapeutic relationship with client and is responsible for ongoing primary care.

15 Treating psychologist

Has an established therapeutic relationship that will continue throughout treatment.

16 Other clinical team

Name	Provider number	Phone number

17 For IV Ketamine requests only

Anaesthetist name	Provider number	Phone number

Proposed treatment

☐ Please tick this box if a treatment plan is attached to this request separately or detailed in attached clinical correspondence.

18 Treatment type

☐ Esketamine/Spravato™ (in compliance with Pharmaceutical Benefits Scheme (PBS) listing)

A separate script will be submitted under the Repatriation Pharmaceutical Benefit Scheme (RPBS)

No ☐

Yes ☐

The client meets the PBS criteria

No ☐

Yes ☐

☐ Ketamine – Route:

☐ TMS

☐ Other – Specify:

19 Request for

☐ Initial

☐ Maintenance

20 Number of treatments for this request**21 Treatment plan frequency and dosage****22 Review date** (dd/mm/yyyy)**23 For MAINTENANCE requests: Does the response to treatment support maintenance treatment?**

No ☐ ► Comment

Yes ☐

24 For MAINTENANCE requests: Which of the following have occurred recently?

(Tick all that apply)

☐ Attempt or consideration of withdrawal of treatment, or

☐ Increased time between treatments

☐ Consideration of alternative therapies

☐ Review of active participation in adjunct treatment

☐ Screening for long term side effects and complications

Fees**25 Complete the components associated with your request.**

See last page for information regarding fees and maximum session counts.

Treatment type	Fee requested	Number of sessions	Total
<input type="checkbox"/> TMS sessions	\$		\$
<input type="checkbox"/> TMS mapping fee	\$		\$
<input type="checkbox"/> Infusion fee (IV Ketamine only)	\$		\$
<input type="checkbox"/> Facility fee (non-contracted facilities only)	\$		\$
Total fee			\$

Clinical details

☐ Please tick this box if a treatment plan is attached to this request separately or detailed in attached clinical correspondence.

Treatment Resistant Depression (TRD): failure to achieve adequate response to two or more courses of treatment of adequate duration (and dose for medications).

26 Diagnosis – Is the psychiatric condition being treated TRD?

No ☐ Yes ☐

27 Other psychiatric conditions**For INITIAL REQUESTS: Past treatment****28 Anti-depressant 1**

Include drug, dose, frequency, duration of treatment, approximate start date and reason for cessation.

29 Anti-depressant 2

Include drug, dose, frequency, duration of treatment, approximate start date and reason for cessation.

30 Psychological treatment

Include type, duration, approximate start date, reason for cessation (if ceased).

31 Other

Include details of TMS, ECT, inpatient treatment.

For ALL REQUESTS**32 Ongoing treatment****Travel****33 Is the client obtaining treatment from the closest practical provider?**

No ☐
Yes ☐

► If No, you may need to provide supporting information to your client for DVA to fund travel. Funding of travel for treatment is not assessed as part of this request. Details on DVA travel arrangement can be found at www.dva.gov.au/get-support/providers/travel-clients-treatment

Acknowledgements

34 By signing this form I acknowledge the following:

- ☐ DVA does not fund clinical trials and that this request is not in relation to a clinical trial.
- ☐ DVA can only fund treatment that meets clinical best practice as set out in the relevant legislation, regulatory requirements and published clinical guidelines. I understand that this includes but is not limited to:
- communication with all members of the treating team.
 - where relevant, meets ANZCA guidelines (equipment and personnel) for delivery of non-oral sedation, drug manufacturers dosing protocols and accreditation of all clinical team members involved in prescribing and administration.
 - appropriate use of validated tools e.g. KSET, psychometric scoring.
 - appropriate safety planning, including, where relevant, patient being away from usual clinical and psychosocial supports.
- ☐ DVA may request information which demonstrates compliance with minimum clinical best practice to determine whether funding can be granted.


Person completing the form

Name

Signature  Date (dd/mm/yyyy)

Administering psychiatrist

Name

Signature  Date (dd/mm/yyyy)

Treatment blocks

DVA considers funding treatment requests in treatment blocks. Maximum sessions apply per request:

TMS	Initial: 35	Maintenance: 35
Ketamine	Initial: 14	Maintenance: 18

Fees

DVA does not fund administrative, coordination or supervision fees.

TMS

- Eligible clients who meet the TMS MBS items can be direct billed to DVA under Repatriation Medical Fee Schedule (RMFS) rates.
- Additional services can be requested by prior approval at the equivalent RMFS fee for the relevant MBS item (14216/ 14217/ 14219/ 14220).

IV/SC Ketamine for TRD at a DVA contracted facility

- Psychiatrist consultations are direct billed to DVA under Repatriation Medical Fee Schedule (RMFS) rates.
- Administering an IV infusion – request the anaesthetist fee in the table above.
- SC injection – no additional fee is paid for this administration method.
- Facility fees are billed under the Hospital Contract arrangements.

IV/SC Ketamine at an accredited facility without a DVA hospital contract in place

- Psychiatrist consultations are direct billed to DVA under Repatriation Medical Fee Schedule (RMFS) rates.
- Administering an IV infusion – request the anaesthetist fee in the table above.
- SC injection – no fee additional is paid for this administration method.
- Facility fees – request fee in the table above.

Esketamine at a Janssen approved facility

- Facility fee – request fee in the table above.