



# Emerging Treatment Psychedelic Assisted Psychotherapy Prior Financial Authorisation MDMA and Psilocybin

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 Psychedelic Assisted Psychotherapy (PAP): MDMA-Assisted Psychotherapy for PTSD or Psilocybin-Assisted Psychotherapy for Treatment Resistant Depression (TRD). Please note there are other prior financial approval forms that can be used for treatment requests. Please check the available forms to ensure you are using the most appropriate form - 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 the 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, 8.30 am to 5.00 pm (local time).

**Returning this form** – email to: [HEALTH.APPROVAL@dva.gov.au](mailto: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** – The Department of Veterans' Affairs (DVA) collects personal information under and for the purposes of performing its functions in portfolio legislation administered by DVA. These functions include claims, the delivery of payments, programs, services and treatments and for veteran and family wellbeing. We also use these for wider purposes in performing those functions including reporting, continual improvement and evaluation. We collect, use and disclose your personal information as set out in various program and claim form notices and as further set out in DVA's claim and program application forms, its Card and Card Carrier notices, specific program collection notices where applicable and as set out in the *DVA Privacy Policy* available at <https://www.dva.gov.au/about/overview/legal-resources/dva-privacy-policy>. More information about privacy rights and obligations is contained in the policy and at *How does the DVA protect my privacy* <https://www.dva.gov.au/about/accessing-information/what-can-i-access/personal-information-access/how-does-dva-protect-my-privacy>

**Important** – The provider by submitting this form is indicating that the client has given informed consent to provision of the claim and personal information to DVA for the purposes of assessing eligibility and providing treatment and services and benefits under DVA legislation. This includes participating in the program as well as for use in clinical review, audit, evaluation, reporting and management purposes and disclosure to the client's treating team of clinicians. The practitioner confirms that appropriate notices and consents have been given in that regard and is responsible for ensuring that the client is aware that their personal information is to be collected, used and disclosed in that way.

## Disclosure of Pecuniary and Non-Pecuniary Interests

All disclosures of pecuniary or non-pecuniary interests must be recorded in writing as part of the client's informed consent. Pecuniary and non-pecuniary interests may include, but are not limited to:

- ownership or part ownership, including shares, in organisations offering services or products;
- referrals to other health providers working within the same organisation or associated organisations, including vertically integrated organisations;
- receiving payments, bonuses, or gifts from other organisations; and
- family or personal relationships.

## Funding of retrospective treatment

Due to the emerging nature of PAP treatment, retrospective funding is not available for treatment already provided or commenced.

**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**

**7 Client's email address**

**Clinic or hospital details** – Complete the fields below or place the practice/hospital stamp

**8 Clinic or hospital name**

**9 Clinic location or hospital provider number**

**10 Contact name**

**11 Contact phone number**

**12 Contact email address**

### Diagnosis

**13 Psychiatric condition to be treated**

☐

PTSD

☐

Treatment Resistant Depression

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

**14 Additional diagnoses and/or biopsychosocial concerns**

**Treating team**

☐ Please tick this box if a list of the treating team as described below is attached to this request separately.

**15 Authorised prescriber**

Has Authorised Prescriber status under the TGA for the Psychedelic Assisted Psychotherapy (PAP) episode of care.

**16 Treating psychiatrist**

Has an established therapeutic relationship with the patient and is responsible for ongoing care. If treating psychiatrist is the same as the authorised prescriber, a second psychiatrist must be involved assessing the patient's suitability for PAP treatment.

**17 Psychologists who have completed an accredited PAP training course**

Will be responsible for patient care during the PAP episode of care. Two psychologists are required for dosing sessions.

Name	Provider number, qualifications, APHRA registration number	Phone number

**Proposed treatment – PAP episode of care**

☐ Please tick this box if the treatment plan with the necessary information is attached to this request separately.

**18 Treatment type**

☐ MDMA

☐ Psilocybin

Session number	Session purpose (e.g., screening, preparatory, dosing, integrative); ensure number of treatment sessions are outlined.	Duration	Names of clinicians involved

**Requested fees**☐ Please tick this box if an itemised quote mirroring the fee format below is attached to this request separately.

- The Department of Veterans' Affairs funds reasonable costs. DVA does not fund administrative, coordination or supervision fees.
- Itemised quotations must include the type of PAP treatment and the components of the PAP episode of care broken down by treatment phase (i.e. preparatory, dosing and integrative).
- Where a patient requires a washout period, this should be undertaken in a DVA contracted hospital, if possible. Where undertaken in a DVA contracted hospital it is to be billed at DVA hospital fees as it is considered separate to the episode of care.

**20 Total requested fee for PAP episode of care**\$ **21 Screening/Assessment sessions**

Provider category	Number of sessions	Duration of sessions	Fee per hour	Total
			\$	\$
			\$	\$

**22 Preparatory sessions**

Provider category	Number of sessions	Duration of sessions	Fee per hour	Total
			\$	\$
			\$	\$

**23 Dosing sessions**

Provider category	Number of sessions	Duration of sessions	Fee per hour	Total
			\$	\$
			\$	\$

**24 Integrative sessions**

Provider category	Number of sessions	Duration of sessions	Fee per hour	Total
			\$	\$
			\$	\$

**25 Drug fees**

Drug	Fee per dose	Number of doses	Total
	\$		\$

**26 Facility fees**

Facility	Fee per day	Number of days	Total
	\$		\$

## Treatment history

☐ Please tick this box if clinical details are attached to this request separately.

For Psychedelic Assisted Psychotherapy (PAP) requests related to Treatment Resistant Depression (TRD) the person must:

- meet the DVA definition for treatment resistant depression – failure to achieve adequate response to two (2) or more courses of treatment of adequate duration (and dose for medications), AND
- have had an adequate trial of one or more established and DVA-funded treatments for TRD (e.g., adjunctive psychotherapy of adequate duration, medication augmentation strategies, rTMS, ECT, esketamine, ketamine).

For PAP requests related to PTSD, the person must have had:

- an adequate trial of at least two (2) of the strongly recommended treatments for PTSD listed in *Australian (international PTSD guidelines) guidelines for the prevention and treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD treatment*, OR
- treatment combinations considered equivalent from the conditionally recommended list.

### 27 List first-line, second-line, and third-line treatments completed, treatment modality, treatment duration, and reason for discontinuation (if applicable).

#### Previous medication treatments

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

#### Previous psychological treatments

(e.g. trauma-focussed CBT with exposure therapy, EMDR)

#### Other treatments e.g. rTMS, ECT

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

#### Current treatment

## Travel

### 28 Is the client obtaining treatment from the closest practical provider?

No ☐ 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](http://www.dva.gov.au/get-support/providers/travel-clients-treatment)

Yes ☐

## Disclosure of Pecuniary and Non-Pecuniary Interests

All disclosures of pecuniary or non-pecuniary interests must be recorded in writing as part of the client's informed consent.

### 29 Have you disclosed any pecuniary or non-pecuniary interest in a health service, health service provider or health product to the client prior to referring the client to, or recommending, that health service provider, health service, or health product to the client?

No ☐

Yes ☐ If Yes, please attach a copy of the disclosure, providing details of the relevant pecuniary or non-pecuniary interests, to this application form.

## Attachments (MANDATORY)

### 30 You must attach the following (if applicable)

☐ Copy of Authorised prescriber paperwork

☐ HREC approval number

☐ State or territory approval number (if applicable)

## Acknowledgements

### 31 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 does not fund treatment that does not meet minimum clinical best practice standards as set out in relevant legislation, regulatory requirements, and other guidance material. I understand that this includes but is not limited to:
- holding and maintaining all relevant State, Territory, and Commonwealth approvals for the PAP episode of care, including TGA authorisation.
  - regular communication with all members of the treating team, including appropriate handover following the PAP episode of care, and availability for ongoing clinical support if required.
  - appropriate processes and validated tools for monitoring side effects and adverse events.
  - appropriate safety assessment and planning, including (where relevant) alternative supports if the patient is away from their usual clinical and psychosocial supports.
  - appropriate training of all clinical team members involved in prescribing and administration.
  - administration in an appropriately supervised environment.
  - adequate medication washout period with appropriate supervision.
  - outcome measurement using tools listed in the relevant RANZCP clinical memorandum.
- ☐ I have disclosed any pecuniary or non-pecuniary interest in a health service, health service provider or health product to the client prior to referring the client to, or recommending, that health service provider, health service, or health product:
- I have recorded this disclosure of my pecuniary and non-pecuniary interests as part of the client's informed consent and kept it with the client's record.
  - I am aware that giving false or misleading information to a Commonwealth officer is a serious offence under section 137 of the *Criminal Code Act 1995* (Cth).
  - I acknowledge that the pecuniary and non-pecuniary interests set out in the attached disclosure are relevant to and may be considered by the decision-maker in deciding to provide prior financial authorisation.
- ☐ DVA may request information which demonstrates compliance with minimum clinical best practice to determine whether funding can be granted.
- ☐ The patient has been informed and encouraged to enrol in the Australian Interventional Pharmacotherapy and Psychedelic Assisted Psychotherapy Research Registry (AIPPAP-RR).  
See <https://medicine-psychology.anu.edu.au/research/research-projects/australian-interventional-pharmacotherapy-psychedelic-assisted-psychotherapy>
- ☐ DVA fee items delivered in this PAP episode of care will not be claimed independently, including under a DVA Hospital contract.

#### Person completing the form

Name

Signature



Date (dd/mm/yyyy)

#### Authorised psychiatrist

Name

Signature



Date (dd/mm/yyyy)

#### Treating Psychiatrist / second opinion

Name

Signature



Date (dd/mm/yyyy)