



Nutritional supplements are available to be subsidised by DVA for eligible veterans and war widow(er)s\* on an individual patient basis. The product must be clinically required and recommended by a Dietitian. They are supplied as a pharmaceutical item and as such need to be prescribed on a Repatriation Pharmaceutical Benefits Scheme (RPBS) Authority prescription. Once approved, prescriptions are to be dispensed at the veteran's preferred pharmacy.

- Assessment by a Dietitian who determines the type and quantity of nutritional supplement required by the patient.
- The Dietitian sends a recommendation to both the **Patient's Prescribing Doctor** and **VAPAC** (Veterans Affairs Pharmaceutical Advisory Centre) via fax (07) 3223 8651 or email at ppo@dva.gov.au. The recommendation is to include the product required, including pack size, daily usage, diagnosis of the problem requiring nutritional supplements and date of next review. Use the **Request for Nutritional Supplementation** form on pages 3 and 4.
- The Prescribing Doctor will need to write an authority prescription and phone VAPAC for approval on **freecall 1800 552 580**.
- The quantity approved is 1 month's supply. Repeats may be granted in line with the patient's needs and stability of treatment to a maximum of 5. It is a requirement that the patient be re-assessed by a Dietitian after 6 months to determine their ongoing need, and tolerance of the chosen supplement. A new **Request for Nutritional Supplements** form is to be re-submitted by the Dietitian at this time.
- For supply of product, the approved prescription is dispensed by the patient's preferred pharmacy. The patient is charged the standard patient contribution for each prescription. These dispensings count towards the Safety Net. There is no delivery charge incurred. The pharmacy may contact VAPAC for any assistance in obtaining the product if required.
- Equipment required to administer the product may be obtained through the Rehabilitation Appliances Program (RAP) on **1800 550 457**.
- To expedite supply of nutritional products, it may be useful for the Dietitian to confirm that the Prescribing Doctor has received the recommendation; and to suggest to the patient that they make an appointment with the doctor to obtain the authority prescription. This prescription should be presented to the pharmacy to enable ordering of product and subsequent supply.

**If this request is being made in a hospital and another Dietitian is required to monitor the patient upon discharge, please either make a written referral directly to another Dietitian, or inform the patient's doctor so that a referral to another Dietitian can be organised.**

\* Consistent with their individual care plan, residents in a residential aged care facility (RACF) should be supplied nutritional supplements by their RACF provider. DVA clients are only eligible for DVA funding through the RPBS for nutritional supplements where other funding does not exist.



<b>Prescribing Doctor</b>	Name and contact details of the patient's doctor (prescriber) to whom request is sent. The Doctor will then contact VAPAC for approval of authority prescription for nutritional supplement(s) on <b>freecall 1800 552 580</b> .
<b>Patient's details</b>	Full name and address of veteran or war widow(er). Current DVA file number (e.g. QX123945, NSS1234A). Current DVA card colour (e.g. Gold, White). <ul style="list-style-type: none"><li>• Gold - Repatriation Health Card for All Conditions;</li><li>• White - Repatriation Health Card for Specific Conditions (only eligible for nutritional products if treatment related to an accepted disability);</li><li>• Orange - Repatriation Pharmaceutical Benefits Card for Pharmaceuticals only. This includes nutritional products as they are provided through the RPBS. Cost of consultation with a Dietitian is not covered.</li></ul>
<b>Aged Care Facility Residents</b>	Consistent with their individual care plan, residents in a residential aged care facility (RACF) should be supplied nutritional supplements by their RACF provider. DVA clients are only eligible for DVA funding through the RPBS for nutritional supplements where other funding does not exist.
<b>Relevant Clinical Conditions, indications and progress</b>	Clinical states leading to the need for nutritional supplementation (e.g. COAD, weight loss from cancer).
<b>Concurrent Therapeutic Diet Management</b>	Information regarding any concurrent dietary plan which compliments and justifies the product(s) being requested eg HPHE diet, fortifying meals etc.
<b>Recommendations</b>	<ul style="list-style-type: none"><li>• <b>Item</b> - specific brand of supplement with strength and pack size if applicable.</li><li>• <b>Daily Usage</b> - accurate daily usage expressed as volume/weight or number of packs based on presentation of product.</li><li>• <b>Quantity Required per Month</b> - take into account pack sizes and carton quantities for monthly prescription.</li><li>• <b>Number of Repeats</b> (max 5) - number of repeats of prescription required for nutritional supplementation to cover duration of treatment only.</li></ul>
<b>Mode of Feeding</b>	Specify Oral, PEG, Jejunostomy, Naso-gastric.
<b>Follow up Plan (Date of Review)</b>	Monitoring schedule for future consultations. For palliative care patients where no further review is considered necessary, a statement to that effect is to be provided in this section of the form i.e. "no further review required". Re-assessment will be required if a different product is needed.
<b>Requesting Dietitian</b>	Name, Medicare provider number and contact details of Dietitian requesting supplement.

In order to arrange accessories such as external pumps, giving sets, catheter tip syringes, please telephone DVA's Rehabilitation Appliances Program (RAP) on **1800 550 457** (outside metro areas).

Any authority prescription queries should be referred to VAPAC on **freecall 1800 552 580**.



Date  /  /

**1 Prescribing Doctor**

Phone no. (Inc. Area Code)  [ ]

Fax no. (Inc. Area Code)  [ ]

**Doctor is to contact DVA to obtain approval for the products requested below on an authority prescription(s) by phoning VAPAC on 1800 552 580.**

Alternatively, prescriptions can be mailed in for approval to Reply Paid No. 9998 VAPAC GPO Box 9998 BRISBANE QLD 4001. Once approved, prescriptions are to be dispensed at the veteran's preferred pharmacy.

**2 Patient's details**

Name

DVA File No.

Eligibility  Gold Card  White Card  Orange Card

Address (Including State and Postcode)

**3 Is the patient a Residential Aged Care Facility resident?**

No  ► **Go to question 6** – you do not need to complete questions 4 or 5

Yes  ► Go to next question

**4 Have you checked with the appropriate RACF if they are already funded to provide nutritional supplementation for this resident, under their current AN-ACC classification?**

No  ► Please check with the RACF and resubmit the form if necessary.

Yes  ► The RACF has no other funded supply arrangement. Please proceed with request.

DVA will initially fund up to 6 months of nutritional supplementation via the RPBS where no other funding exists.

**5 Has the resident been on any nutritional supplementation for longer than 6 months?**

No  ► Go to next question

Yes  ► DVA recommends the RACF consider a review of the AN-ACC classification as you are recommending regular nutritional supplementation

DVA may fund up to 6 months of nutritional supplementation if a review is being considered by the applicable RACF with regards to the resident's AN-ACC classification level.

**6 Relevant clinical conditions, indications for use and progress**

  

**7 Concurrent therapeutic diet management**

**8 Recommendations**

List the Item	Daily usage	Qty req'd per month	No. repeats (max 5)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**9 Mode of feeding**

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**10 Follow up plan (including date of review)**

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**11 Requesting Dietitian**

Phone no.  
(Inc. Area Code)

E-mail

Medicare Provider No.

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- ▶▶ **Only Pages 3 and 4** of the completed request are to be emailed or faxed to **both**:
- VAPAC at email ppo@dva.gov.au or fax (07) 3223 8651, **and**
  - the patient's Prescribing Doctor.