



Australian Government

Department of Health
and Aged Care

Life Saving Drugs Program reapplication form for ongoing subsidised treatment for Mucopolysaccharidosis Type IVA (MPS IVA)

REAPPLICATION FORM FOR ONGOING TREATMENT OF MPS IVA THROUGH THE LIFE SAVING DRUGS PROGRAM (LSDP)

Patient ID: MPS IVA

Annual reapplication

To qualify for ongoing LSDP subsidised treatment, the following ongoing eligibility requirements must be met.

The treating physician must initial the box to confirm that the requirement is met.

1. The patient continues to meet the general eligibility requirements.
2. The patient has demonstrated clinical improvement or stabilisation of MPS IVA.
3. A clinic letter outlining the patient's recent medical/surgical history, general description of their health status and indication that the patient is responding to treatment has been included. Any relevant test results have been outlined in the clinic letter.
4. The patient has not experienced severe infusion-related reactions (not preventable by appropriate pre-medication and/or adjustment of infusion rates).
5. The patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by ERT.
6. The patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT.
7. The patient has not developed any of the conditions listed in the MPS IVA Guidelines.
8. I have advised the LSDP if the patient is participating in a clinical trial.

Treating physician's declaration

I confirm that:

I am the treating physician of the patient as stated in this form, and have relevant specialist registration. I hereby reapply for Australian Government subsidised access to treatment for MPS IVA through the LSDP on behalf of my patient.

I declare that:

The information provided in this form is complete and correct.

To the best of my knowledge and belief, my patient is eligible to receive subsidised treatment with elosulfase alfa through the LSDP in accordance with the Guidelines.

I am aware that the patient must be an Australian citizen or permanent Australian resident who continues to qualify for Medicare.

I understand that:

I have an ongoing obligation to ensure that my patient continues to meet the eligibility criteria to receive subsidised treatment through the LSDP.

Making a false or misleading declaration is a serious offence and may lead to further investigations.

I must submit a separate reapplication form for subsidised treatment through the LSDP by 1 May each year if I wish for my patient to continue to receive subsidised treatment.

I agree that:

If I become aware that my patient no longer meets the eligibility criteria for subsidised access to treatment through the LSDP at any time, I will notify the Department immediately.

Treating physician's full name

Treating physician's signature

Date

Reapplication checklist

- Initial all boxes where applicable.
- Submit completed reapplication form.
- Submit a clinic letter under 12 months old to outline this patient's recent medical and surgical history and general description of their health status.

Please note: An Excel spreadsheet is no longer required with annual reapplications for MPSIVA