



# Life Saving Drugs Program (LSDP) Reapplication form for subsidised treatment for Gaucher disease (type 1)

Patient ID: ALG

## Dosing details

Generic name of medicine requested:

Patient's weight  
 kg

Dosage of medicine requested:  
 mg  vials

Is this a dose change for the patient? Yes  No

## Eligibility confirmation checklist

The treating physician must initial each box to confirm that the patient meets the eligibility criteria and data requirements for ongoing LSDP subsidised treatment.

1. I have assessed the patient since the initial application/previous reapplication and within the last 12 months.
2. The patient continues to meet all eligibility requirements listed in the [Guidelines for the treatment of Gaucher disease \(type 1\) through the Life Saving Drugs Program](#) (the Guidelines).
3. The patient has demonstrated clinical improvement or stabilisation of Gaucher disease (type 1).
4. The patient has not developed any of the conditions listed in the exclusion criteria in the Guidelines.

## Data requirement checklist

5. I have submitted a clinic letter outlining the patient's recent medical and surgical history and general description of their health status.
6. I have provided copies of all relevant reports and the completed Excel spreadsheet for Gaucher disease (type 1).
7. I confirm the test results and clinic letter provided are not more than 12 months old and have not been used to support a previous application or reapplication.

## 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 Gaucher disease (type 1) through the LSDP on behalf of my patient.

### I declare that:

- The information provided in this form and supporting documents is complete and correct.
- To the best of my knowledge and belief, my patient continues to be eligible to receive subsidised treatment for Gaucher disease (type 1) 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 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 LSDP immediately.

Treating physician's full name

Treating physician's signature

Date

# LSDP reapplication form for subsidised treatment for Gaucher disease (type 1)

## Privacy notice

The Department is collecting personal information about the patient identified on this application form to process this patient's initial application to receive subsidised treatment through the LSDP. If subsidised treatment through the LSDP is approved, the Department will continue to collect personal information about this patient in order to process a confirmation of ongoing eligibility.

If all of the personal information required is not provided, the Department will not be able to process the reapplication to confirm eligibility to receive subsidised treatment through the LSDP.

The Department will disclose personal information to this patient's treating physician, pharmacists, clinic nurses and other health care professionals who may be involved in the administration of this patient's treatment.

The Department will disclose this patient's personal information including Medicare number to Services Australia in order to confirm Medicare eligibility and permanent Australian residency requirements.

'De-identified' personal information will be used for the purpose of the evaluation of the LSDP, which may include the provision of these data to third parties contracted by the Department for this purpose.

The Department has an Australian Privacy Principles (APP) privacy policy which can be read at [www.health.gov.au/resources/publications/privacy-policy](http://www.health.gov.au/resources/publications/privacy-policy)

The Department can be contacted by telephone on (02) 6289 1555 or freecall 1800 020 103 or by using the online enquiries form at [www.health.gov.au](http://www.health.gov.au)

A copy of the APP privacy policy can be obtained by contacting the Department using the contact details set out above. The APP privacy policy contains information about:

- how to access personal information the Department holds and how to seek correction of it; and
- how to complain about a breach of the APP.

The Department is unlikely to disclose personal information to overseas recipients.

## Patient's details

Medicare care number

Ref no.

Mr  Mrs  Miss  Ms  Other

Given Name

Family Name

Residential address

Suburb

State

Post Code

Date of Birth

## Consent to collection of sensitive information for treatment and after cessation of treatment

I consent to the Department collecting genetic and health information about the patient identified on this application form for the purpose indicated above.

I consent to the Department requesting and obtaining sensitive information and supplemental information from the treating physician regarding the reason(s) for ceasing treatment including cause of death, if applicable.

If this information is not able to be obtained from the treating physician, I consent to the Department requesting and obtaining this information from other Government agencies and non-government organisations.

The information collected in this process is for the purpose of determining the cause of discontinuation of subsidised treatment.

## Continuing eligibility for subsidised treatment for Gaucher disease (type 1) through the LSDP

I understand that:

- if I/the patient fail to comply with the associated monitoring and assessment requirements, without an acceptable reason to do so, I/the patient will no longer be eligible to receive subsidised treatment through the LSDP.
- if treatment does not result in a clinically meaningful effect, subsidised treatment through the LSDP may be discontinued.

Signature

Patient  Parent  Guardian  (tick one only)

Full name (print in BLOCK LETTERS)

Date