



Australian Government

Department of Health  
and Aged Care

# Life Saving Drugs Program (LSDP)

## Initial application form for subsidised treatment of infantile-onset lysosomal acid lipase deficiency (LAL-D)

### About this Program

The LSDP is administered by the Department of Health and Aged Care (the Department). Access to treatment for infantile-onset LAL-D is provided in accordance with the [Guidelines for the treatment of infantile-onset LAL-D through the Life Saving Drugs Program](#) (the Guidelines).

It is recommended that you read the Guidelines before completing this application form.

### Patient Administration

Patient applications are processed within 30 calendar days of the receipt of the complete package to support the application.

Should subsidised treatment be approved, it is the responsibility of the treating physician to ensure that the patient/patient's family is informed of:

- a) Treatment arrangements, including approved dose
- b) The requirement to submit a reapplication for subsidised treatment through the LSDP by 1 May each year to request ongoing subsidised treatment
- c) The requirement to notify the LSDP in writing immediately if a change to the treatment location is planned and
- d) The requirement to notify the LSDP in writing immediately if treatment is ceased.

### Filling in this form

The application form must be filled out by a treating physician with relevant specialist registration, with the consent of the patient or parent/guardian. The patient or their parent/guardian is required to sign the application form to provide consent to the Department to collect personal information.

Please complete electronically, print and sign; or  
Use black or blue pen and print in BLOCK LETTERS.

All pages of this application form must be completed and submitted. Incomplete applications will not be processed.

### Information Requirements

All assessments to support eligibility, excluding genetic testing, must have been undertaken within the 12 months prior to the date of application.

### For more information

For more information go to the LSDP website:  
[www.health.gov.au/lscp](http://www.health.gov.au/lscp)

If you need assistance completing this form, or for more information call **(02) 6289 2336**, Monday to Friday, between 9.00 am and 5.00 pm, Australian Eastern Time.

### Submitting your form

Send the completed application form and all relevant attachments:

By email to: [lscp@health.gov.au](mailto:lscp@health.gov.au)

By fax to: **(02) 6289 8537**



### Treating physician's details

Prescriber number

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Given name

Family name

Work phone number

Mobile phone number

Email address

Hospital/Department

Postal address

Suburb

State

Post Code

### Clinic nurse's details

Given name

Family name

Work phone number

Email address

Hospital/Department

Postal address

Suburb

State

Post Code

### Pharmacist's details

Given name

Family name

Work phone number

Email address

Hospital/Department

Delivery address (for LSDP stock)

Suburb

State

Post Code

### Secondary pharmacy contact's details

Given name

Family name

Work phone number

Email address

### Dosing details

Generic name of medicine requested:

Patient's weight

 kg

Dosage of medicine requested:

 mg

 vials

## Eligibility confirmation checklist

To qualify for LSDP subsidised treatment, all of the following initial eligibility requirements must be met.

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

1. Infantile-onset LAL-D must be confirmed before 12 months of age.

☐

AND

2. Diagnosis of infantile-onset LAL-D has been confirmed by:

i) LAL (LIPA) mutations on genetic testing (noting treatment may commence prior to the results of the genetic test being available if necessary)

☐

AND

ii) No detectable or severe deficiency in LAL enzyme activity when tested at the National Referral Laboratory.

☐

3. The patient does not have any of the conditions listed in the exclusion criteria.

☐

4. I have advised the LSDP if the patient is participating in a clinical trial.

☐

## Data requirement checklist

5. I have provided 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 infantile-onset LAL-D.

☐

## 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 apply for Australian Government subsidised access to treatment for infantile-onset LAL-D 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, my patient is eligible to receive subsidised treatment for infantile-onset LAL-D through the LSDP in accordance with the Guidelines.
- I am aware that the patient must be an Australian citizen or permanent Australian resident who qualifies 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