



Life Saving Drugs Program (LSDP) Reapplication form for subsidised treatment for Mucopolysaccharidosis Type I (MPS I)

Patient ID: MPS I

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 MPS I through the Life Saving Drugs Program](#) (the Guidelines).
3. The patient has demonstrated clinical improvement or stabilisation of MPS I.
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 MPS I.
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 MPS I 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 MPS I 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

