



Australian Government

Department of Health
and Aged Care

Life Saving Drugs Program (LSDP)

Initial application form for subsidised treatment for Mucopolysaccharidosis type II (MPS II)

About this Program

The LSDP is administered by the Department of Health and Aged Care (the Department). Access to treatment for MPS II is provided in accordance with the [Guidelines for the treatment of MPS II 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 data 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

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

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 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. Diagnosis of MPS II has been confirmed by:

- i) demonstration of deficiency of iduronate 2-sulfatase in white blood cells. ☐
- OR
- ii) the detection of a disease causing mutation for siblings of a known patient. ☐

2. The patient meets at least one of the following criteria demonstrating severity of MPS II:

a) Sleep disordered breathing:

Apnoea/hypopnoea incidence of >5 events/hour of total sleep time, or more than 2 severe episodes of desaturation (oxygen saturation <80%) in an overnight sleep study. ☐

b) Respiratory function tests:

FVC of less than 80% of the predicted value for height. ☐

c) Cardiac complications:

Myocardial dysfunction as indicated by a reduction in ejection fraction to less than 56% (normal range 56-78%), or a reduction in fraction shortening to <25% (normal range 25-46%). ☐

d) Joint contractures:

Restricted range of movement of joints of greater than 10 degrees from normal in shoulders, neck, hips, knees, elbows or hands. ☐

e) The patient is an infant or child less than 5 years old and not yet demonstrating symptoms consistent with other eligibility criteria but where as a result of diagnostic testing, disease progression or severe disease can be predicted. ☐

3. The patient does not have any of the conditions listed in the exclusion criteria in the MPS II Guidelines. ☐

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 MPS II. ☐

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 MPS II 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 MPS II 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