

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	Address: .....	.....
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Fax Number: .....	.....	Fax Number: .....

**Olaparib**

**Initial application**

Applications only from a medical oncologist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- Patient has a high-grade serous\* epithelial ovarian, fallopian tube, or primary peritoneal cancer
- and  There is documentation confirming pathogenic germline BRCA1 or BRCA2 gene mutation
- and  Patient has received at least two lines of previous treatment with platinum-based chemotherapy
- and  Patient has platinum sensitive disease defined as disease progression occurring at least 6 months after the last dose of the penultimate line of platinum-based chemotherapy
- and  Patient's disease must have achieved partial or complete response to treatment with the immediately preceding platinum-based regimen
- and  Patient's disease has not progressed following prior treatment with olaparib
- and  Treatment will be commenced within 8 weeks of the patient's last dose of the immediately preceding platinum-based regimen
- and  Treatment to be administered as maintenance treatment
- and  Treatment not to be administered in combination with other chemotherapy

**Renewal**

Current approval Number (if known):.....

Applications only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- Treatment remains clinically appropriate and patient is benefitting from treatment
- and  No evidence of progressive disease
- and  Treatment to be administered as maintenance treatment
- and  Treatment not to be administered in combination with other chemotherapy

Note: \*Note "high-grade serous" includes tumours with high-grade serous features or a high-grade serous component.

**I confirm the above details are correct and that in signing this form I understand I may be audited.**

Signed: ..... Date: .....

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)