

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER Reg No:**

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Olaparib

Initial application — Ovarian cancer

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)

<input type="checkbox"/> Patient has a high-grade serous* epithelial ovarian, fallopian tube, or primary peritoneal cancer							
and							
<input type="checkbox"/> There is documentation confirming pathogenic germline BRCA1 or BRCA2 gene mutation							
and							
<table border="1"><tr><td><input type="checkbox"/> Patient has newly diagnosed, advanced disease</td></tr><tr><td>and</td></tr><tr><td><input type="checkbox"/> Patient has received one line** of previous treatment with platinum-based chemotherapy</td></tr><tr><td>and</td></tr><tr><td><input type="checkbox"/> Patient's disease must have experienced a partial or complete response to the first-line platinum-based regimen</td></tr></table>	<input type="checkbox"/> Patient has newly diagnosed, advanced disease	and	<input type="checkbox"/> Patient has received one line** of previous treatment with platinum-based chemotherapy	and	<input type="checkbox"/> Patient's disease must have experienced a partial or complete response to the first-line platinum-based regimen		
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and							
<input type="checkbox"/> Patient's disease must have experienced a partial or complete response to the first-line platinum-based regimen							
or							
<table border="1"><tr><td><input type="checkbox"/> Patient has received at least two lines** of previous treatment with platinum-based chemotherapy</td></tr><tr><td>and</td></tr><tr><td><input type="checkbox"/> 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</td></tr><tr><td>and</td></tr><tr><td><input type="checkbox"/> Patient's disease must have experienced a partial or complete response to treatment with the immediately preceding platinum-based regimen</td></tr><tr><td>and</td></tr><tr><td><input type="checkbox"/> Patient has not previously received funded olaparib treatment</td></tr></table>	<input type="checkbox"/> Patient has received at least two lines** of previous treatment with platinum-based chemotherapy	and	<input type="checkbox"/> 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	<input type="checkbox"/> Patient's disease must have experienced a partial or complete response to treatment with the immediately preceding platinum-based regimen	and	<input type="checkbox"/> Patient has not previously received funded olaparib treatment
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<input type="checkbox"/> Patient's disease must have experienced a partial or complete response to treatment with the immediately preceding platinum-based regimen							
and							
<input type="checkbox"/> Patient has not previously received funded olaparib treatment							
and							
<input type="checkbox"/> Treatment will be commenced within 12 weeks of the patient's last dose of the immediately preceding platinum-based regimen							
and							
<input type="checkbox"/> Treatment to be administered as maintenance treatment							
and							
<input type="checkbox"/> Treatment not to be administered in combination with other chemotherapy							

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

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Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:
.....
Fax Number:	Fax Number:

Olaparib - *continued*

Renewal — Ovarian cancer

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)

<input type="checkbox"/>	Treatment remains clinically appropriate and patient is benefitting from treatment
and	
<input type="checkbox"/>	No evidence of progressive disease
or	
<input type="checkbox"/>	Evidence of residual (not progressive) disease and the patient would continue to benefit from treatment in the clinician's opinion
and	
<input type="checkbox"/>	Treatment to be administered as maintenance treatment
and	
<input type="checkbox"/>	Treatment not to be administered in combination with other chemotherapy
and	
<input type="checkbox"/>	Patient has received one line** of previous treatment with platinum-based chemotherapy
and	
<input type="checkbox"/>	Documentation confirming that the patient has been informed and acknowledges that the funded treatment period of olaparib will not be continued beyond 2 years if the patient experiences a complete response to treatment and there is no radiological evidence of disease at 2 years
or	
<input type="checkbox"/>	Patient has received at least two lines** of previous treatment with platinum-based chemotherapy

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

**A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

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