Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PATIENT:
Name:
NHI:
ovarian, fallopian tube, or primary peritoneal cancer with platinum-based chemotherapy use to the preceding treatment with platinum-based chemotherapy t with a PARP inhibitor s of the patient's last dose of the preceding platinum-based regimen prior to 1 May 2024 usent
h other chemotherapy
nent h other chemotherapy
duration of 36 months from commencement second-line or later maintenance setting
r

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

I confirm that the above details are correct:	
Signed:	Date: