

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](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Niraparib

INITIATION

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- ☐ Patient has advanced high-grade serous* epithelial ovarian, fallopian tube, or primary peritoneal cancer
and
☐ Patient has received at least one line** of treatment with platinum-based chemotherapy
and
☐ Patient has experienced a partial or complete response to the preceding treatment with platinum-based chemotherapy
and
☐ Patient has not previously received funded treatment with a PARP inhibitor
and

☐ Treatment will be commenced within 12 weeks of the patient's last dose of the preceding platinum-based regimen
or
☐ Patient commenced treatment with niraparib prior to 1 May 2024

and
☐ Treatment to be administered as maintenance treatment
and
☐ Treatment not to be administered in combination with other chemotherapy

CONTINUATION

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- ☐ No evidence of progressive disease
and
☐ Treatment to be administered as maintenance treatment
and
☐ Treatment not to be administered in combination with other chemotherapy
and

☐ Treatment with niraparib to cease after a total duration of 36 months from commencement
or
☐ Treatment with niraparib is being used in the second-line or later maintenance setting

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: