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:			
Vard:		NHI:	
lirapari	b		
	smen	ent required after 6 months s (tick boxes where appropriate)	
and and and		Patient has advanced high-grade serous* epithelial ovarian, fallopian tube, or primary peritoneal cancer Patient has received at least one line** of treatment with platinum-based chemotherapy Patient has experienced a partial or complete response to the preceding treatment with platinum-based chemotherapy Patient has not previously received funded treatment with a PARP inhibitor Treatment will be commenced within 12 weeks of the patient's last dose of the preceding platinum-based regimen Patient commenced treatment with niraparib prior to 1 May 2024	
and	\circ	Treatment to be administered as maintenance treatment Treatment not to be administered in combination with other chemotherapy	
	smen	ION ent required after 6 months s (tick boxes where appropriate) No evidence of progressive disease	
and and	O	Treatment to be administered as maintenance treatment Treatment not to be administered in combination with other chemotherapy	
and	or	Treatment with niraparib to cease after a total duration of 36 months Treatment with niraparib is being used in the second-line or later many	
Note: * "		or O	aintenance 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