

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** 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 — 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)

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 newly diagnosed, advanced disease

**and**  Patient has received one line\*\* of previous treatment with platinum-based chemotherapy

**and**  Patient's disease must have experienced a partial or complete response to the first-line platinum-based regimen

**or**

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 experienced a partial or complete response to treatment with the immediately preceding platinum-based regimen

**and**  Patient has not previously received funded olaparib treatment

**and**  Treatment will be commenced within 12 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

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)

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**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
<b>and</b>	
<input type="checkbox"/>	No evidence of progressive disease
<b>or</b>	
<input type="checkbox"/>	Evidence of residual (not progressive) disease and the patient would continue to benefit from treatment in the clinician's opinion
<b>and</b>	
<input type="checkbox"/>	Treatment to be administered as maintenance treatment
<b>and</b>	
<input type="checkbox"/>	Treatment not to be administered in combination with other chemotherapy
<b>and</b>	
<input type="checkbox"/>	Patient has received one line** of previous treatment with platinum-based chemotherapy
<b>and</b>	
<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
<b>or</b>	
<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.

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

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