Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 Form SA2163 April 2025

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
	Address:	
-ax Number:		Fax Number:
Dlaparib		
and There is documentation confirming and Patient has newly diag	epithelial ovarian, fallopian tube, or primary peritoneary pathogenic germline BRCA1 or BRCA2 gene mutate gnosed, advanced disease one line** of previous treatment with platinum-based of the table that the province of the partial or complete response to	chemotherapy
Patient has platinum s the penultimate line** and Patient's disease mus platinum-based regime	at least two lines** of previous treatment with platinum sensitive disease defined as disease progression occord platinum-based chemotherapy at have experienced a partial or complete response to en usly received funded olaparib treatment	urring at least 6 months after the last dose of
and Treatment to be administered as m	nin 12 weeks of the patient's last dose of the immedianaintenance treatment	tely preceding platinum-based regimen

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Reg No:	First Names:	First Names:	
Name:	Surname:	Surname:	
Address:	DOB:	Address:	
	Address:		
Fax Number: Olaparib - continued		Fax Number:	
Renewal — Ovarian cancer Current approval Number (if known):			

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

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.