Enquiries to Ministry of Health 0800 855 066

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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Reg No:         First Names:         First Names:           Name:         Surname:         Surname:           Address:         DOB:         Address:           Address:         Address:
Address:
Address:
Fax Number: Fax Number:
Niraparib
Initial application Applications from any relevant practitioner. Approvals valid for 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
Renewal  Current approval Number (if known):
No evidence of progressive disease
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
Treatment with niraparib is being used in the second-line or later maintenance setting

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

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