

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	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):.....

Applications from any relevant practitioner. Approvals valid for 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 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