

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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz