

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:

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 Health New Zealand, Private Bag 3015, Wanganui – email: 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)

- ☐ Treatment remains clinically appropriate and patient is benefitting from treatment
- and
- ☐ No evidence of progressive disease

or

☐ Evidence of residual (not progressive) disease and the patient would continue to benefit from treatment in the clinician's opinion
- and
- ☐ Treatment to be administered as maintenance treatment
- and
- ☐ Treatment not to be administered in combination with other chemotherapy
- and
- ☐ Patient has received one line** of previous treatment with platinum-based chemotherapy

and

☐ 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

or

☐ 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.

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