

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)

<input type="checkbox"/>	Treatment remains clinically appropriate and patient is benefitting from treatment
and	
<input type="checkbox"/>	No evidence of progressive disease
or	
<input type="checkbox"/>	Evidence of residual (not progressive) disease and the patient would continue to benefit from treatment in the clinician's opinion
and	
<input type="checkbox"/>	Treatment to be administered as maintenance treatment
and	
<input type="checkbox"/>	Treatment not to be administered in combination with other chemotherapy
and	
<input type="checkbox"/>	Patient has received one line** of previous treatment with platinum-based chemotherapy
and	
<input type="checkbox"/>	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	
<input type="checkbox"/>	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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