Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2163
December 2026

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

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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.....	Address:	.....
.....	.....	.....
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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.

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

Signed: ..... Date: .....

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