

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:

Abiraterone acetate

Initial application

Applications only from a medical oncologist, radiation oncologist, urologist or medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- Patient has prostate cancer
- and Patient has metastases
- and Patient's disease is castration resistant

- Patient is symptomatic
- and Patient has disease progression (rising serum PSA) after second line anti-androgen therapy
- and Patient has ECOG performance score of 0-1
- and Patient has not had prior treatment with taxane chemotherapy

or

- Patient's disease has progressed following prior chemotherapy containing a taxane
- and Patient has ECOG performance score of 0-2
- and Patient has not had prior treatment with abiraterone

Renewal — abiraterone acetate

Current approval Number (if known):.....

Applications only from a medical oncologist, radiation oncologist, urologist or medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- Significant decrease in serum PSA from baseline
- and No evidence of clinical disease progression
- and No initiation of taxane chemotherapy with abiraterone
- and The treatment remains appropriate and the patient is benefiting from treatment

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