Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRES	CRIB	ER	PATIENT:							
Name	:									
Ward:			NHI:							
Abira	Abiraterone acetate									
Re-a Prero	iaiupe P	ment i tes (resc	required after 6 months (tick boxes where appropriate) ribed by, or recommended by a medical oncologist, radiation oncologist or urologist, or in accordance with a protocol or guideline that has endorsed by the Health NZ Hospital.							
and	and (and	$\overline{}$	Patient has prostate cancer Patient has metastases Patient's disease is castration resistant							
	and	or	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 Patient's disease has progressed following prior chemotherapy containing a taxane Patient has ECOG performance score of 0-2 and Patient has not had prior treatment with abiraterone							
CONTINUATION Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a medical oncologist, radiation oncologist or urologist, or in accordance with a protocol or guice been endorsed by the Health NZ Hospital.										
und	and (and and (C C	Significant decrease in serum PSA from baseline No evidence of clinical disease progression No initiation of taxane chemotherapy with abiraterone The treatment remains appropriate and the patient is benefiting from treatment							

I confirm that the above details are correct:

Signed: Date:

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRES	CRIBER	r	PATIENT:							
Name	:		Name:							
Ward:			NHI:							
Abira	Abiraterone acetate - continued									
Re-a	CONTINUATION – pandemic circumstances Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)									
	O	The patient is clinically benefiting from treatment and continued treatment remains appropriate								
	and and	Abiraterone acetate to be discontinued at progression								
		No initiation of taxane chemotherapy with abiraterone								
	and	The regular renewal requirements cannot be met due to COVI	D-19 constraints on the health sector							

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Signed.	Date:	
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