

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](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Abiraterone acetate

INITIATION

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- ☐ Prescribed by, or recommended by a medical oncologist, radiation oncologist or urologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ☐ Patient has prostate cancer

and

- ☐ Patient has metastases

and

- ☐ Patient's disease is castration resistant

and

- ☐ 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

CONTINUATION

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- ☐ Prescribed by, or recommended by a medical oncologist, radiation oncologist or urologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ☐ 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 that the above details are correct:

Signed: Date:

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Abiraterone acetate - *continued*

CONTINUATION – pandemic circumstances

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- ☐ The patient is clinically benefiting from treatment and continued treatment remains appropriate
and ☐ Abiraterone acetate to be discontinued at progression
and ☐ No initiation of taxane chemotherapy with abiraterone
and ☐ The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector

I confirm that the above details are correct:

Signed: Date: