

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: ..... Name: .....

Ward: ..... 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: ..... 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: .....