

**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  
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

**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](mailto:customerservice@health.govt.nz)

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**Abiraterone acetate** - continued

**Renewal — pandemic circumstances**

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

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	The patient is clinically benefiting from treatment and continued treatment remains appropriate
<b>and</b>	
<input type="checkbox"/>	Abiraterone acetate to be discontinued at progression
<b>and</b>	
<input type="checkbox"/>	No initiation of taxane chemotherapy with abiraterone
<b>and</b>	
<input type="checkbox"/>	The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector

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

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