

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

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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)

- ☐ 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 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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