

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)

<input type="checkbox"/>	Patient has prostate cancer
and	<input type="checkbox"/>
	Patient has metastases
and	<input type="checkbox"/>
	Patient's disease is castration resistant
and	<input type="checkbox"/>
	Patient is symptomatic
and	<input type="checkbox"/>
	Patient has disease progression (rising serum PSA) after second line anti-androgen therapy
and	<input type="checkbox"/>
	Patient has ECOG performance score of 0-1
and	<input type="checkbox"/>
	Patient has not had prior treatment with taxane chemotherapy
or	<input type="checkbox"/>
	Patient's disease has progressed following prior chemotherapy containing a taxane
and	<input type="checkbox"/>
	Patient has ECOG performance score of 0-2
and	<input type="checkbox"/>
	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)

<input type="checkbox"/>	Significant decrease in serum PSA from baseline
and	<input type="checkbox"/>
	No evidence of clinical disease progression
and	<input type="checkbox"/>
	No initiation of taxane chemotherapy with abiraterone
and	<input type="checkbox"/>
	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 Health New Zealand, 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)

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

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