

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 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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