

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:	
.....		
.....		

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

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:	
.....		
.....		

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.

Signed: Date:

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz