

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Ipilimumab

INITIATION – renal cell carcinoma

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

- ☐ The patient is currently on treatment with ipilimumab and met all remaining criteria prior to commencing treatment
- or
- ☐ The patient has metastatic renal cell carcinoma
- and
- ☐ The patient is treatment naïve
- and
- ☐ The patient has ECOG performance status 0-2
- and
- ☐ The disease is predominantly of clear cell histology
- and
- ☐ The patient has sarcomatoid histology
- or
- ☐ Haemoglobin levels less than the lower limit of normal
- or
- ☐ Corrected serum calcium level greater than 10 mg/dL (2.5 mmol/L)
- or
- ☐ Neutrophils greater than the upper limit of normal
- or
- ☐ Platelets greater than the upper limit of normal
- or
- ☐ Interval of less than 1 year from original diagnosis to the start of systemic therapy
- or
- ☐ Karnofsky performance score of less than or equal to 70
- and
- ☐ Ipilimumab is to be used at a maximum dose of 1 mg/kg for up to four cycles in combination with nivolumab

I confirm that the above details are correct:

Signed: Date: