

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:

Ipilimumab

Initial application — renal cell carcinoma

Applications from any relevant practitioner. Approvals valid for 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 naive

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 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