

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
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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](mailto:customerservice@health.govt.nz)