APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2461
December 2025

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