

**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](mailto:customerservice@health.govt.nz)