

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 — stage III or IV resectable melanoma

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	The individual is currently on treatment with ipilimumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment
or	
<input type="checkbox"/>	The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note)
and	
<input type="checkbox"/>	The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma
and	
<input type="checkbox"/>	The individual has ECOG performance score 0-2
and	
<input type="checkbox"/>	Treatment must be prior to complete surgical resection
and	
<input type="checkbox"/>	Neoadjuvant ipilimumab must be administered in combination with nivolumab
and	
<input type="checkbox"/>	Ipilimumab to be administered for maximum of two cycles prior to surgical resection

- Note:
- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.
 - b) Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.

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

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Ipilimumab - *continued*

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:

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