Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2642
August 2026

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)

☐ 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

☐ The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note)

and

☐ The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma

and

☐ The individual has ECOG performance score 0-2

and

☐ Treatment must be prior to complete surgical resection

and

☐ Neoadjuvant ipilimumab must be administered in combination with nivolumab

and

☐ 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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.....	Address:	.....
.....	.....	.....
Fax Number:	.....	Fax Number: .....

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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