Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2743
December 2026

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
Reg No:	First Names:	First Names: .....
Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
.....	.....	.....

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 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:	.....
.....	.....	.....
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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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