Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRESCRIBER	PATIENT:			
Name:	Name:			
Ward:	NHI:			
Dabrafenib				
INITIATION – stage III or IV resected melanoma - adjuvant Re-assessment required after 4 months Prerequisites (tick boxes where appropriate)				
O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.				
O The individual has resected stage IIIB, IIIC, IIID or IV more				
The individual has received neoadjuvant treatmer and Adjuvant treatment with dabrafenib is required	nt with a PD-1/PD-L1 inhibitor			
and	ent in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma			
Treatment must be adjuvant to complete surgical resection and Treatment must be initiated within 13 weeks of surgical resect and	ion, unless delay is necessary due to post-surgery recovery (see note b)			
The individual has a confirmed BRAF mutation and Dabrafenib must be administered in combination with trametir	nib			
The individual has ECOG performance score 0-2				
Note: a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Comm	nittee on Cancer (A.ICC) 8th Edition			
b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)				

I confirm that the above details are correct:

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HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRES	SCRIB	BER		PATIENT:	
Name	e:			Name:	
Ward	:			NHI:	
Dab	rafen	nib - conti	nued		
Re-a	assess	ment requi	tage III or IV resected melanoma - adjuvant red after 4 months		
Prer	·	,	oxes where appropriate)		
and		Prescribed NZ Hospita		ccordance with a protocol or guideline that has been endorsed by the Health	
		and	No evidence of disease recurrence		
		Dabrafenib must be administered in combination with trametinib			
	Treatment to be discontinued at signs of disease recurrence or at completion of 12 months' total treatment course, including any systemic neoadjuvant treatment				
	or				
	The individual has received adjuvant treatment with a BRAF/MEK inhibitor		RAF/MEK inhibitor		
	The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV				
			The individual meets initiation criteria for dabrafenib for	unresectable or metastatic melanoma	
	or				
		and	The individual has received adjuvant treatment with a B	RAF/MEK inhibitor	
			The individual has received a BRAF/MEK inhibitor for un	nresectable or metastatic melanoma	
		and	The individual meets continuation criteria for dabrafenib	for unresectable or metastatic melanoma	

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRESCRIBER	PATIENT:				
Name:	Name:				
Ward:	NHI:				
Dabrafenib - continued					
INITIATION – unresectable or metastatic melanoma Re-assessment required after 4 months Prerequisites (tick boxes where appropriate)	ed clinically and radiologically hib unresectable stage III or IV setting				
The individual received treatment in the adjuvant and The individual did not experience disease recurre and The individual did not experience disease recurre BRAF/MEK inhibitor	setting with a BRAF/MEK inhibitor nce while on treatment with that BRAF/MEK inhibitor nce within six months of completing adjuvant treatment with a				
CONTINUATION – unresectable or metastatic melanoma Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.					
The individual's disease has had a complete response to or The individual's disease has had a partial response to to or The individual has stable disease with treatment and Response to treatment in target lesions has been determined					
treatment period					