## 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:
De la verte en lla	

## 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 is currently on treatment with dabrafenib and trametinib and met all remaining criteria prior to commencing treatment or				
O The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a)				
The individual has received neoadjuvant treatment with a PD-1/PD-L1 inhibitor				
Adjuvant treatment with dabrafenib is required				
and O The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma and				
O Treatment must be adjuvant to complete surgical resection and				
<ul> <li>Treatment must be initiated within 13 weeks of surgical resection, unless delay is necessary due to post-surgery recovery (see note b)</li> <li>and</li> </ul>				
O The individual has a confirmed BRAF mutation and				
<ul> <li>Dabrafenib must be administered in combination with trametinib</li> <li>and</li> <li>The individual has ECOG performance score 0-2</li> </ul>				
Note:				
a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition				

b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)

## 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.

PRE	SCRIE	BER		PATIENT:	
Name	e:			Name:	
Ward:		1	NHI:		
Dab	rafer	nib - conti	inued		
			tage III or IV resected melanoma - adjuvant ired after 4 months		
		•	poxes where appropriate)		
and	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.				
		and and and	No evidence of disease recurrence Dabrafenib must be administered in combination with tran Treatment to be discontinued at signs of disease recurren any systemic neoadjuvant treatment	netinib ce or at completion of 12 months' total treatment course, including	
	or	and and o	The individual has received adjuvant treatment with a BR/ The individual has metastatic or unresectable melanoma The individual meets initiation criteria for dabrafenib for un	(excluding uveal) stage III or IV	
	or	and and and	The individual has received adjuvant treatment with a BR/ The individual has received a BRAF/MEK inhibitor for unre The individual meets continuation criteria for dabrafenib for	esectable or metastatic melanoma	

Signed: ..... Date: .....

## 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	
and NZ Hospital.	
<ul> <li>The individual has ECOG performance score 0-2</li> <li>and</li> <li>The individual has confirmed BRAF mutation</li> <li>and</li> <li>Dabrafenib must be administered in combination with tra</li> <li>and</li> <li>The individual has been diagnosed in the metastat</li> <li>or</li> <li>The individual did not receive treatment in the adju</li> <li>or</li> <li>The individual received treatment in the adju</li> <li>Or</li> <li>The individual did not experience disease read</li> </ul>	tic or unresectable stage III or IV setting uvant setting with a BRAF/MEK inhibitor
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 act NZ Hospital.	cordance with a protocol or guideline that has been endorsed by the Health
The individual's disease has had a complete response to response t	

treatment period

Signed:	Date:
---------	-------