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:
Trametinib	
(INITIATION) stage III or IV reported melonome, ediment	

	Prescri NZ Ho		by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the He I.
or	0	Гhe iı	ndividual 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)
			O The individual has received neoadjuvant treatment with a PD-1/PD-L1 inhibitor and
			O Adjuvant treatment with trametinib is required
	and	0	The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma
	and and	Ο	Treatment must be adjuvant to complete surgical resection
		Ο	Treatment must be initiated within 13 weeks of surgical resection, unless delay is necessary due to post-surgery recovery (see note b)
	and and	0	The individual has a confirmed BRAF mutation
	and	Ο	Trametinib must be administered in combination with dabrafenib
	una	Ο	The individual has ECOG performance score 0-2

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

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PRESCRIBER PATIE		BER	PATIENT:	
Nam	e:		Name:	
Ward	I:		NHI:	
Tran	netin	ib - contir	ntinued	
			– stage III or IV resected melanoma - adjuvant equired after 4 months	
			k boxes where appropriate)	
and	Ν	Prescribed NZ Hospita	ed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been end bital.	orsed by the Health
		() and	No evidence of disease recurrence	
		and	Trametinib must be administered in combination with dabrafenib	
		0	Treatment to be discontinued at signs of disease recurrence or at completion of 12 months' total treatment cours any systemic neoadjuvant treatment	se, including
	or			
		and	The individual has received adjuvant treatment with a BRAF/MEK inhibitor	
		and	${\cal O}$ The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV	
			${\sf O}$ The individual meets initiation criteria for trametinib for unresectable or metastatic melanoma	
	or			
		and	$\mathcal D$ The individual has received adjuvant treatment with a BRAF/MEK inhibitor	
		O	${\sf O}$ The individual has received a BRAF/MEK inhibitor for unresectable or metastatic melanoma	
		and	D The individual meets continuation criteria for trametinib for unresectable or metastatic melanoma	

I confirm that the above details are correct:

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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: Trametinib - continued **INITIATION – unresectable or metastatic melanoma** Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) () 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 ()The individual is currently on treatment with dabrafenib and trametinib and met all remaining criteria prior to commencing treatment or The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV and Baseline measurement of overall tumour burden is documented clinically and radiologically and ()The individual has ECOG performance score 0-2 and The individual has confirmed BRAF mutation and Trametinib must be administered in combination with dabrafenib and () The individual has been diagnosed in the metastatic or unresectable stage III or IV setting or The individual did not receive treatment in the adjuvant setting with a BRAF/MEK inhibitor or () The individual received treatment in the adjuvant setting with a BRAF/MEK inhibitor and The individual did not experience disease recurrence while on treatment with that BRAF/MEK inhibitor and The individual did not experience disease recurrence within six months of completing adjuvant treatment with a **BRAF/MEK** inhibitor CONTINUATION – unresectable or metastatic melanoma Re-assessment required after 4 months

Prerequ	isites (tick boxes where appropriate)
0	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		12 11	ospilo	u.
			Ο	The individual's disease has had a complete response to treatment
		or	Ο	The individual's disease has had a partial response to treatment
		or	Q	The individual has stable disease with treatment
	and (С		onse to treatment in target lesions has been determined by comparable radiologic assessment following the most recent ment period

Signed: Date: