

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:

Trametinib

Initial application — stage III or IV resected melanoma - adjuvant

Applications from any relevant practitioner. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- ☐ The individual is currently on treatment with dabrafenib and trametinib and met all remaining criteria prior to commencing treatment
- or
- ☐ The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a)

or

☐ The individual has received neoadjuvant treatment with a PD-1/PD-L1 inhibitor

and

☐ Adjuvant treatment with trametinib is required
- and
- ☐ The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma
- and
- ☐ Treatment must be adjuvant to complete surgical resection
- and
- ☐ Treatment must be initiated within 13 weeks of surgical resection, unless delay is necessary due to post-surgery recovery (see note b)
- and
- ☐ The individual has a confirmed BRAF mutation
- and
- ☐ Trametinib must be administered in combination with dabrafenib
- and
- ☐ The individual has ECOG performance score 0-2

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)

Renewal — stage III or IV resected melanoma - adjuvant

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- ☐ No evidence of disease recurrence

and

☐ Trametinib must be administered in combination with dabrafenib

and

☐ Treatment to be discontinued at signs of disease recurrence or at completion of 12 months' total treatment course, including any systemic neoadjuvant treatment

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Trametinib - *continued*

Initial application — unresectable or metastatic melanoma

Applications from any relevant practitioner. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- ☐ 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

Renewal — unresectable or metastatic melanoma

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- ☐ The individual's disease has had a complete response to treatment

or

☐ The individual's disease has had a partial response to treatment

or

☐ The individual has stable disease with treatment

and

☐ Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

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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