

## TALIMOGENE 108PFU/ml for MELANOMA

## INITIAL PRESCRIPTION – Second and Subsequent ADMINISTRATIONS ONLY

| Please Attach Addressograph   |                           |  |                           |   |                                  | Patient Information Card |                                       |              | Ward    |                 |
|---|---------------------------|--|---------------------------|---|----------------------------------|--------------------------|---------------------------------------|--------------|---------|-----------------|
|   |                           |  |                           |   |                                  | Yes / No (please circle) |                                       |              |         |                 |
|   |                           |  |                           |   |                                  |                          |                                       |              |         |                 |
| Pharmacy Do not Remove from the Manufacturers Packaging – Light Sensitive Genetic   |                           |  |                           |   |                                  |                          |                                       | etically Mo  | odifie  | d Product       |
| Time Remo   |                           | Time Dispensed                                       | Disp By                   |   |                                  |                          |                                       | Time Pu      | ut in F | Pharmacy Fridge |
| from Freezer  |                           |  | Checked By                |   |                                  |                          |                                       |              |         |                 |
|   |                           |  |                           |   |                                  |                          |                                       |              |         |                 |
| Date of Procedure   | Dose                      | Route  | Administration<br>Volume  |   | Administration                   |                          | Administration Dose Volume per Lesion |              | _       | Administered By |
|   | 10 <sup>8</sup><br>PFU/ml | Intralesional injection into cutaneous, subcutaneous | The total injection first |   | ct any new lesions  More than 5c |                          | Siç<br>cm – up to 4ml                 |              | Sign    |                 |
|   |                           | and / or nodal                                       | exceed 4ml per            | Prioritise injection o<br>remaining lesions b |                                  |                          | 2.5-5cm – up to 2ml                   |              |         |                 |
|   |                           | lesions that are visible, palpable                   | treatment session         | on lesion size until                          |                                  |                          | 1.5-2.5cm – up to 1ml                 |              |         | Print           |
|   |                           | or detectable by ultrasound                          |                           |   | olume is reached                 |                          | 0.5-1.5cm – up to 0.5ml               |              |         |                 |
|   |                           | guidance   |                           |   |                                  |                          | 0.5cm or less                         | s – up to 0. | 1ml     |                 |
| The second infusion should be given 21 days after the first treatment. Thereafter treatments may be scheduled every 14 days |                           |  |                           |   |                                  |                          |                                       |              |         |                 |
| Prescriber  | Sign                      |  | Print                     |   | Pharmaci                         | S                        | Sign                                  | gn P         |         |                 |

Version 1 (July 2016) Written By: Dr Deborah Wright Approved By: Professor Christian Ottensmeier