Imlygic® (talimogene laherparepvec)
Intralesional

-E-

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I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

Initial treatment:
- 4 billable units

Second treatment:
- 400 billable units occurring 3 weeks after initial treatment

All subsequent treatments:
- 400 billable units occurring 2 weeks after previous treatment

III. Initial Approval Criteria [1,2]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

Universal Criteria

- Patient is not pregnant (*Note: Women of childbearing potential should be advised to use an effective method of contraception to prevent pregnancy during treatment*); **AND**
- Patient is not immunocompromised (i.e., patients with a history of primary or acquired immunodeficient states, leukemia, lymphoma, AIDS or other clinical manifestations of infection with human immunodeficiency viruses, and those on immunosuppressive therapy); **AND**
- Treatment will be administered via intralesional injection; **AND**

Cutaneous Melanoma † ‡ Φ [3,4]

- Patient does not have visceral metastases; **AND**
  - Used for unresectable recurrent disease **†**; **OR**
  - Used as primary treatment for unresectable or borderline resectable stage III disease with clinically positive node(s) **Ω**; **OR**

- Used for oligometastatic disease with accessible lesions **Ω**; **OR**
- Used for widely disseminated distant metastatic disease for symptomatic extracranial disease **Ω**; **OR**
- Patient has limited resectable or unresectable/borderline resectable disease; **AND**
  - Used for stage III disease with clinical satellite/in-transit metastases; **OR**
  - Used for local satellite/in-transit recurrence

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

Ω *Please note that the supporting data for this indication has been assessed and deemed to be of insufficient quality based on the review conducted for the Enhanced Oncology Value (EOV) program. However, due to the absence of viable alternative treatment options, this indication will be retained in our policy and evaluated on a case-by-case basis.*

† FDA Approved Indication(s); **‡** Compendia Recommended Indication(s); **Φ** Orphan Drug

IV. Renewal Criteria [1,2]

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Patient continues to have injectable lesions; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: herpetic infection, injection site complications (e.g., necrosis, ulceration, cellulitis, systemic bacterial infection, etc.), immune-mediated events, plasmacytoma at injection site, obstructive airway disorder, etc.

V. Dosage/Administration [1]

Indication	Dose
Cutaneous Melanoma	**Initial Treatment** • Imlygic 10^6 (1 million) PFU per mL • Inject largest lesion(s) first • Prioritize injection of remaining lesion(s) based on lesion size until maximum injection volume is reached or until all injectable lesion(s) have been treated

	Second Treatment • Imlygic 10^8 (100 million) PFU per mL • Administer 3 weeks after initial treatment • Inject any new lesion(s) (lesions that have developed since initial treatment) first. • Prioritize injection of remaining lesion(s) based on lesion size until maximum injection volume is reached or until all injectable lesion(s) have been treated.
	All subsequent Treatments (including reinitiation) • Imlygic 10^8 (100 million) PFU per mL • Administer 2 weeks after previous treatment • Inject any new lesion(s) (lesions that have developed since previous treatment) first. • Prioritize injection of remaining lesion(s) based on lesion size until maximum injection volume is reached or until all injectable lesion(s) have been treated.
The total injection volume for each treatment visit should not exceed 4 mL for all injected lesions combined. It may not be possible to inject all lesions at each treatment visit or over the full course of treatment. Previously injected and/or uninjected lesion(s) may be injected at subsequent treatment visits.	

Lesion size (longest dimension)	Intralesional Injection Volume
> 5 cm	up to 4 mL
> 2.5 cm to 5 cm	up to 2 mL
> 1.5 cm to 2.5 cm	up to 1 mL
> 0.5 cm to 1.5 cm	up to 0.5 mL
≤ 0.5 cm	up to 0.1 mL

VI. Billing Code/Availability Information

HCPCS Code:

- J9325 – Injection, talimogene laherparepvec, per 1 million plaque forming units; 1 billable unit = 10^6 (1 million) PFU

NDC(s):

- Imlygic 10^6 (1 million) PFU per mL single-use vial: 55513-0078-xx
- Imlygic 10^8 (100 million) PFU per mL single-use vial: 55513-0079-xx

VII. References (STANDARD)

1. Imlygic [package insert]. Thousand Oaks, CA; Amgen Inc; February 2023. Accessed January 2025.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for talimogene laherparepvec. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most

recent and complete version of the Compendium, go online to NCCN.org. Accessed January 2025.
3. Andtbacka RHI, Kaufman HL, Collichio F, et al. Talimogene laherparepvec improves durable response rate in patients with advanced melanoma. J Clin Oncol. 2015;33 (suppl Clinical Study Protocol):doi:10.1200/JCO.2014.58.3377.
4. Andtbacka RHI, Kaufman HL, Collichio F, et al. Talimogene laherparepvec improves durable response rate in patients with advanced melanoma. J Clin Oncol. 2015;33 (suppl Clinical Study Protocol):doi:10.1200/JCO.2014.58.3377.

VIII. References (ENHANCED)

1e. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Cutaneous Melanoma, Version 3.2024. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed January 2025.

2e. Dummer R, Gyorki DE, Hyngstrom J, et al. Neoadjuvant talimogene laherparepvec plus surgery versus surgery alone for resectable stage IIIB-IVM1a melanoma: a randomized, open-label, phase 2 trial. Nat Med. 2021 Oct;27(10):1789-1796.

3e. Prime Therapeutics Management. Imlygic Clinical Literature Review Analysis. Last updated January 2025. Accessed January 2025.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast

ICD-10	ICD-10 Description
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdictio	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC