



Evolut Clinical Guideline 3259 for Imlygic™ (talimogene laherparepvec)

Guideline Number: Evolut_CG_3259	<u>Applicable Codes</u>	
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STATEMENT

Purpose

To define and describe the accepted indications for Imlygic (talimogene laherparepvec) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Melanoma

- Imlygic (talimogene laherparepvec) may be used as a single agent (as an intra-lesional injection) for unresectable cutaneous, subcutaneous, and nodal lesions, in members with melanoma recurrence after prior surgery OR
- Imlygic (talimogene laherparepvec) may be used as a single agent as neo-adjuvant (preoperative) therapy for resectable stage IIIB-IVM1a melanoma.
- NOTE: Imlygic (talimogene laherparepvec) in combination with Yervoy (ipilimumab) is not supported by Evolent Medical Policy for the treatment of advanced or unresectable melanoma. This policy position is based on the lack of Level 1 Evidence (randomized clinical trials and/or meta-analyses) to show superior outcomes compared to the Evolent recommended alternative agents/regimens, including but not limited to regimens at **Evolut Pathways** .

CONTRAINDICATIONS/WARNINGS

- Contraindications
 - Immunocompromised patients, including those 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.

- Pregnancy

EXCLUSION CRITERIA

- Disease progression while on Imlygic (talimogene laherparepvec).
- Use of Imlygic (talimogene laherparepvec) for visceral lesions or for a lack of injectable lesions that are not visible and palpable.
- Concurrent use with checkpoint inhibitors (e.g., ipilimumab, nivolumab, and pembrolizumab).
- Maximum dose volume of 4 mL per intralesional injection.
- Investigational use of Imlygic (talimogene laherparepvec) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
 - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
 - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
 - Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
 - Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
 - That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
 - That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
 - That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J9325 - Injection, talimogene laherparepvec, per 1 million plaque forming units

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input checked="" type="checkbox"/>	Commercial
<input checked="" type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

POLICY HISTORY

Date	Summary
January 2026	<ul style="list-style-type: none"> • Converted to new Evolent guideline template • This guideline replaces UM ONC_1280 Imlygic (talimogene laherparepvec) • Updated references
January 2025	<ul style="list-style-type: none"> • Added Evolent disclaimer language • Added Coding Information section with HCPCS code

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care

coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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