DEPARTMENT:	Utilization Management
SUBJECT:	Amtagvi (lifileucel)
PRODUCT LINE:	All
POLICY NUMBER:	UM130
ORIGINAL POLICY EFFECTIVE DATE:	4/10/2026
LAST REVISED DATE:	4/10/2026
LAST REVIEWED DATE:	4/10/2026

SCOPE:
To ensure Amtagvi (lifileucel) is consistently and correctly reviewed and administered according to the member's pharmacy/medical benefit and applicable utilization management requirements.

POLICY:
It is the policy of the Cooperative to review requests for Amtagvi (lifileucel) according to the member's benefits and evidence-based clinical standards through the prior authorization process.

PROCEDURE: Prior Authorization Required: YES
This policy and procedure applies to prior authorization (PA) review for Amtagvi (lifileucel) when billed under the medical benefit or pharmacy benefit, as applicable.

Coverage criteria for Amtagvi (lifileucel)

Group Health Cooperative (GHC) may authorize Amtagvi (lifileucel) as a single-dose treatment for adult members (age 18 years and older) with unresectable or metastatic melanoma when medical necessity is supported and all criteria below are met.

- Prior systemic therapy requirements are met, including a trial of ALL appropriate preferred regimens per National Comprehensive Cancer Network (NCCN) recommendations
    - Combination checkpoint blockade
        - Ipilimumab + Nivolumab
        - Nivolumab and relatlimab-rmbw
        - Low dose ipilimumab + pembrolizumab for progression following anti-PD1 therapy
    - Anti-PD-1 monotherapy
        - Nivolumab
        - Pembrolizumab
    - If the tumor is BRAF V600 mutation positive, prior therapy with a BRAF inhibitor (for example, encorafenib [Braftovi], dabrafenib [Tafinlar], or vemurafenib [Zelboraf]) with or without a MEK inhibitor (for example, cobimetinib [Cotellic], trametinib [Mekinist], or binimetinib [Mektovi]).
- The melanoma is not uveal/ocular in origin.
- There are no uncontrolled brain metastases at the time of review.
- No history of organ allograft (except kidney transplant) or prior cell transfer therapy.
- Adequate and stable organ function is documented (including renal, pulmonary, and cardiac function) for the planned treatment setting.
- The member has at least one partially resectable lesion or aggregate of lesions of a minimum of 1.5cm in diameter post-resection to generate tumor-infiltrating lymphocyte (TIL).
- The member is not currently receiving systemic corticosteroids (ie prednisone, dexamethasone)
- Performance status is ECOG 0–1.
- Treatment is being administered at a certified TIL treatment center
- No clinically significant active infection is present.

DEPARTMENT:	Utilization Management
SUBJECT:	Amtagvi (lifileucel)
PRODUCT LINE:	All
POLICY NUMBER:	UM130
ORIGINAL POLICY EFFECTIVE DATE:	4/10/2026
LAST REVISED DATE:	4/10/2026
LAST REVIEWED DATE:	4/10/2026

APPROVED: _____ **DATE: 4/10/2026**

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
04/10/2026	Dakota Rau, PharmD	Created.