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Swiss Summary of the Risk Management Plan (RMP) for IMLYGIC® (Talimogene Laherparepvec)

RMP Summary: Version 5, July 2023
EU RMP: Version 11, 26 May 2023

The Risk Management Plan (RMP) is a comprehensive document submitted as part of the application dossier for market approval of a medicine. The RMP summary contains information on the medicine's safety profile and explains the measures that are taken in order to further investigate and follow the risks as well as to prevent or minimize them.

The RMP summary of IMLYGIC® is a concise document and does not claim to be exhaustive.

As the RMP is an international document, the summary might differ from the “Arzneimittelinformation / Information sur le médicament” approved and published in Switzerland, e.g. by mentioning risks occurring in populations or indications not included in the Swiss authorization.
Please note that the reference document which is valid and relevant for the effective and safe use of IMLYGIC® in Switzerland is the “Arzneimittelinformation/ Information sur le médicament” (see www.swissmedic.ch) approved and authorized by Swissmedic.

AMGEN Switzerland AG is fully responsible for the accuracy and correctness of the content of the published summary RMP of IMLYGIC®.

The medicine and what it is used for

Imlygic is authorized for treatment of adults with unresectable (cannot be removed by surgery) melanoma (a kind of skin cancer) that is regionally (in the skin or lymph nodes near the original skin tumor) or distantly metastatic (spread to distant areas of skin or lymph nodes) (Stage IIIB, IIIC and IVM1a) with no bone, brain, lung or other visceral (internal organ) disease. It contains talimogene laherparepvec as the active substance and it is given by intralesional injection (injection into the tumor).
Further information about the evaluation of Imlygic's benefits can be found in Imlygic's EPAR, including in its plain-language summary, available on the European Medicines Agency (EMA) website, under the medicine's webpage:
https://www.ema.europa.eu/medicines/human/EPAR/Imlygic.

Risks associated with the medicine and activities to minimize or further characterize the risks

Important risks of Imlygic, together with measures to minimize such risks and the proposed studies for learning more about Imlygic's risks, are outlined below.
Measures to minimize the risks identified for medicinal products can be:

- Specific Information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine's packaging;
- The authorized pack size — the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status — the way a medicine is supplied to the public (eg, with or without prescription) can help to minimizes its risks.

Together, these measures constitute *routine risk minimization* measures.
In the case of Imlygic, these measures are supplemented with *additional risk minimization measures* mentioned under relevant risks, below.
In addition to these measures, information about adverse events is collected continuously and regularly analyzed including periodic safety update report (PSUR) assessment so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.
If important information that may affect the safe use of Imlygic is not yet available, it is listed under 'missing information' below.

List of Important Risks and Missing Information

Important risks of Imlygic are risks that need special risk management activities to further investigate or minimize the risk, so that the medicinal product can be safely administered. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Imlygic. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (eg, on the long-term use of the medicine).

List of important risks and missing information	
Important	• Disseminated herpetic infection • Accidental exposure of healthcare provider to talimogene laherparepvec • Immune-mediated adverse reactions
Important	• Transmission of talimogene laherparepvec from patient to close contacts or healthcare providers via direct contact with injected lesions or body fluids resulting in symptomatic infection (primary or reactivation) • Symptomatic herpetic infection due to latency and reactivation of talimogene laherparepvec or wild-type herpes simplex virus type 1 in patients • Immunocompromised patients treated with talimogene laherparepvec and suffering from concomitant infection • Combination with other therapies like chemotherapy or immunosuppressive agents
Missing Information	• Pregnant and lactating women • Pediatric patients • Long-term safety data • Long-term efficacy data • Treatment of patients with metastatic lesions greater than 3 cm

Summary of Important Risks

Important Identified Risk: Disseminated herpetic infection	
Evidence for linking the risk to the medicine	This important identified risk was identified based on nonclinical data.
Risk factors and risk groups	Individuals with any severe congenital or acquired cellular and/or humoral immune deficiency.
Risk minimization measures	Routine risk measures: • SmPC Sections 4.4, and 4.8 • PL Section 2 Additional risk minimization measures: • Managed Distribution Program • Physician Education Booklet • Patient Safety Brochure • Patient Alert Card
Additional pharmacovigilance activities	Additional pharmacovigilance activities: • Study 20130193 • Quantitative polymerase chain reaction (qPCR) testing for talimogene laherparepvec DNA (a laboratory test to detect the presence of talimogene laherparepvec DNA) See Section II.C of this summary for an overview of the postauthorization development plan

Important Identified Risk: Accidental exposure of healthcare provider to talimogene laherparepvec	
Evidence for linking the risk to the medicine	This risk was identified based on reports in the clinical study setting.
Risk factors and risk groups	Numerous factors, some modifiable and some not, place healthcare providers at an increased risk for accidental exposure such as sustaining a needle stick injury. These factors include occupation, training, proper disposal of sharps, and medical activity being performed (National Institute for Occupational Safety and Health, DHHS (NIOSH), 1999; Publication No. 2000-2108).
Risk minimization measures	Routine risk communication: • SmPC Sections 4.2, 4.4, and 6.6 • PL Section 2 Additional risk minimization measures: • Managed Distribution Program • Physician Education Booklet

Additional pharmacovigilance activities	Additional pharmacovigilance activities: • Study 20130193 • qPCR testing for talimogene laherparepvec DNA See Section II.C of this summary for an overview of the postauthorization development plan

Important Identified Risk: Immune-mediated adverse reactions	
Evidence for linking the risk to the medicine	This is considered an important identified risk based on reports in the clinical study setting.
Risk factors and risk groups	Risk factors for an immune-mediated adverse reaction include host factors (eg, demographics, other comorbidities), host genotypes (Thong and Tan, *Br J Clin Pharmacol,* 2011; 71:684-700), and pre-existing autoimmune disease.
Risk minimization measures	Routine risk communication: • SmPC Sections 4.4 and 4.8 • PL Sections 2 and 4 Additional risk minimization measures: None

Important Potential Risk: Transmission of talimogene laherparepvec from patient to close contacts or healthcare providers via direct contact with injected lesions or body fluids resulting in symptomatic infection (primary or reactivation)	
Evidence for linking the risk to the medicine	This risk is considered an important potential risk based on clinical and nonclinical data.
Risk factors and risk groups	Direct contact with injected lesions, protective dressings, or body fluids of treated patients. The likelihood of transfer of talimogene laherparepvec to a close contact or healthcare provider increases if the contact has a break in the skin or mucous membranes.
Risk minimization measures	Routine risk communication: • SmPC Sections 4.4 and 6.6 • PL Section 2 Additional risk minimization measures: • Managed Distribution Program • Physician Education Booklet • Patient Safety Brochure • Patient Alert Card
Additional pharmacovigilance activities	Additional pharmacovigilance activities: • Study 20130193 • qPCR testing for talimogene laherparepvec DNA See Section II.C of this summary for an overview of the postauthorization development plan

Important Potential Risk: Symptomatic herpetic infection due to latency and reactivation of talimogene laherparepvec or wild-type herpes simplex virus type 1 in patients	
Evidence for linking the risk to the medicine	This risk is considered an important potential risk based on nonclinical data.
Risk factors and risk groups	Previous infection with wild-type herpes simplex virus type 1. Fever, stress, and other factors are common triggers of recurrence.
Risk minimization measures	Routine risk communication: • SmPC Section 4.4 • PL Section 2 Additional risk minimization measures: • Managed Distribution Program • Physician Education Booklet • Patient Safety Brochure • Patient Alert Card
Additional pharmacovigilance activities	Additional pharmacovigilance activities: • Study 20130193 • qPCR testing for talimogene laherparepvec DNA See Section II.C of this summary for an overview of the postauthorization development plan

Important Potential Risk: Immunocompromised patients treated with talimogene laherparepvec and suffering from concomitant infection	
Evidence for linking the risk to the medicine	This important potential risk was identified based on theoretical concern and limited data with immunocompromised patients treated with talimogene laherparepvec.
Risk factors and risk groups	Immunosuppression can be due to congenital immunodeficiency, acquired disease (HIV/AIDS, leukemia, lymphoma, common variable immunodeficiency, generalized malignancy), pharmacotherapy (immunosuppressive agents, radiation or large amounts of corticosteroids), or extremes of age (neonates and elderly) (Chinen and Shearer, *J Allergy Clin Immunol*, 2010; 125(suppl 2):195-203; Notarangelo, *J Allergy Clin Immunol*, 2010; 125(suppl 2):182-194). The precise risk factors applicable to this risk with talimogene laherparepvec are unknown.
Risk minimization measures	Routine risk communication: • SmPC Sections 4.3, 4.4, and 5.3 • PL Section 2 Additional risk minimization measures: • Managed Distribution Program • Physician Education Booklet

Additional pharmacovigilance activities	Additional pharmacovigilance activities: • Study 20130193 • qPCR testing for talimogene laherparepvec DNA See Section II.C of this summary for an overview of the postauthorization development plan

Important Potential Risk: Combination with other therapies like chemotherapy or immunosuppressive agents	
Evidence for linking the risk to the medicine	This is considered an important potential risk based on nonclinical data from immunocompromised mice.
Risk factors and risk groups	Patients receiving concomitant chemotherapeutic or immunosuppressive therapies.
Risk minimization measures	Routine risk communication: • SmPC Section 4.4 • PL Section 2

Missing information

Missing Information: Pregnant and lactating women	
Risk minimization measures	Routine risk communication • SmPC Sections 4.4, 4.6, and 5.3 • PL Section 2 Additional risk minimization measures: • Managed Distribution Program • Physician Education Booklet • Patient Safety Brochure • Patient Alert Card
Additional pharmacovigilance Activities	Additional pharmacovigilance activities • Study 20180062 See Section II.C of this summary for an overview of the postauthorization development plan

Missing Information: Pediatric patients	
Risk minimization measures	Routine risk communication • SmPC Sections 4.2 • PL Section none Additional risk minimization measures: None
Additional pharmacovigilance Activities	Additional pharmacovigilance activities • Study 20110261 See Section II.C of this summary for an overview of the postauthorization development plan

Missing Information: Long-term safety data	
Risk minimization measures	No risk minimization measures
Additional pharmacovigilance Activities	Additional pharmacovigilance activities • Study 20130193 See Section II.C of this summary for an overview of the postauthorization development plan

Missing Information: Long-term efficacy data	
Risk minimization measures	No risk minimization measures
Additional pharmacovigilance Activities	Additional pharmacovigilance activities • Study 20130193 See Section II.C of this summary for an overview of the postauthorization development plan

Missing Information: Treatment of patients with metastatic lesions greater than 3 cm	
Risk minimization measures	No risk minimization measures

Postauthorization Development Plan

Studies Which Are Conditions of the Marketing Authorization

Not applicable

Other Studies in Postauthorization Development Plan

Study Short Name	Purpose of the Study
Study 20130193 A postmarketing prospective cohort study of melanoma patients treated with IMLYGIC® (talimogene laherparepvec) in clinical practice to characterize the risk of herpetic infection among patients, close contacts, and health care providers; and long-term safety in treated patients.	Estimate the incidence rate of herpetic infection detection of talimogene laherparepvec DNA among patients for up to 5 years after the first IMLYGIC dose. Safety concerns addressed: • Disseminated herpetic infection • Accidental exposure of healthcare provider to talimogene laherparepvec • Transmission of talimogene laherparepvec from patient to close contacts or healthcare providers via direct contact with injected lesions or body fluids resulting in symptomatic infection (primary or reactivation) • Symptomatic herpetic infection due to latency and reactivation of talimogene laherparepvec or wild-type herpes simplex virus type 1 in patients • Immunocompromised patients treated with talimogene laherparepvec and suffering from concomitant infection • Long-term safety data • Long-term efficacy data
Study 20110261 A phase 1 multi center, open label, dose de-escalation study to evaluate the safety and efficacy of talimogene laherparepvec in pediatric subjects with advanced non-central nervous system (outside brain and spinal cord) tumors that are amenable to direct injection.	To evaluate the safety and tolerability of talimogene laherparepvec as assessed by incidence of dose-limiting toxicities, in pediatric subjects with advanced non-central nervous system tumors that are amenable to direct injection. Safety concerns addressed: Pediatric patients

Summary of changes to the risk management plan over time

Major changes to the Risk Management Plan over time

Version	Approval Date Procedure	Change
1.2 (W)	At the time of authorization Date of RMP: 04 November 2015 Date of approval: 16 December 2015 EMEA/H/C/00002771	**Safety Concerns:** Important Identified Risks: • Disseminated herpetic infection in severely immunocompromised individuals (those with any severe congenital or acquired cellular and/or humoral immune deficiency) • Accidental exposure of HCP to talimogene laherparepvec • Obstructive airway disorder • Immune-mediated adverse reactions • Plasmacytoma at the injection site • Deep vein thrombosis • Cellulitis at site of injection Important Potential Risks: • Disseminated herpetic infection in immunocompromised patients (such as those with HIV/AIDS, leukemia, lymphoma, common variable immunodeficiency, or those who require high-dose steroids or other immunosuppressive agents) • Transmission of talimogene laherparepvec from patient to close contacts or HCPs via direct contact with injected lesions or body fluids resulting in symptomatic infection (primary or reactivation) • Symptomatic talimogene laherparepvec infection in non-tumor tissue in treated patients • Symptomatic herpetic infection due to latency and reactivation of talimogene laherparepvec or wild-type HSV-1 in patients • Immunocompromised patients treated with talimogene laherparepvec and suffering from concomitant infection • Combination with other therapies like chemotherapy or immunosuppressive agents • Recombination of talimogene laherparepvec with wild-type HSV-1 virus may occur • Impaired wound healing at site of injection • Delayed next line treatment in non-responders • Loss of efficacy in patients treated with systemic acyclovir for complications

Version	Approval Date Procedure	Change
1.2 (W) continued		Important Potential Risks (continued): • Talimogene laherparepvec-mediated anti-GM-CSF antibody response Missing Information: • Additional clinical biodistribution and shedding data in melanoma • Pregnant and lactating women • Pediatric patients • Patients below the age of 40 years • Patients with renal or hepatic impairment • Treatment of patients with cardiac impairment • Patients of race or ethnic origin other than white • Long-term safety data • Long-term efficacy data • Treatment of patients with bone metastases • Treatment of patients with cerebral metastases • Treatment of patients with more than 3 visceral lesions • Treatment of patients with metastatic lesions greater than 3 cm • Treatment of patients with ocular melanoma • Treatment of patients with mucosal melanoma **Pharmacovigilance plan** Specific Adverse Drug Reaction Follow up Forms: • Suspected IMLYGIC (talimogene laherparepvec) or Herpes Virus Associated Adverse Event • Clinical Trial or Postmarket Report of Suspected talimogene laherparepvec Associated Adverse Event for HCP or Close Contact • Suspected IMLYGIC Autoimmune Adverse Event • Pregnancy and lactation follow-up forms

Version	Approval Date Procedure	Change
1.2 (W) continued		Category 1 to 3 Studies: • Study 20120139 A registry study to evaluate the survival and long-term safety of subjects with melanoma who previously received talimogene laherparepvec. • Study 20130193 A postmarketing, prospective cohort study of patients treated with talimogene laherparepvec in clinical practice to characterize the • Study 20120324 A phase 2, multicenter, single-arm trial to evaluate the biodistribution and shedding of talimogene laherparepvec in subjects with unresected, stage IIIB to IVM1c melanoma. • Study 20110261 A phase 1, open-label, dose de-escalation study to evaluate the tolerability, safety, and activity of talimogene laherparepvec in children from birth to < 18 years of age with melanoma or with advanced non-central nervous system tumors that are amenable to direct injection and for which no effective treatment is known. • Study Number: To be determined. A Randomized, controlled study to evaluate the safety and efficacy of talimogene laherparepvec in children from birth to < 18 years of age with a pediatric solid malignant tumor as part of a multi-modal treatment approach. **Postauthorization Efficacy Plan:** • Study 20120139 A registry study to evaluate the survival and long-term safety of subjects with melanoma who previously received talimogene laherparepvec. **Risk Minimization Measures:** • Physician Education Booklet • Managed distribution program • Patient safety brochure and patient alert card
2.0	Date of RMP: 16 August 2016 Date of approval: 07 October 2016 EMEA/H/C/002771/ IB/0007	**Safety Concerns:** No changes **Pharmacovigilance Plan;** Due dates of Studies 20120324 and 20110261 were updated. **Postauthorization Efficacy Plan:** No change **Risk Minimization Measures:** No change

Version	Approval Date Procedure	Version
3.0	Date of RMP: 03 October 2017 Date of approval: 13 November 2017 EMEA/H/C/002771/ IB/0017	**Safety Concerns:** No changes **Pharmacovigilance Plan;** Due dates of final analysis clinical study report for Study 20120324 was updated. **Postauthorization Efficacy Plan:** No change **Risk Minimization Measures:** No change
4.0	Date of RMP: 10 September 2018 EMEA/H/C/002771/ II/0028	**Safety Concerns:** The following important identified risks were reclassified as not important and removed from the RMP: • Obstructive airway disorder • Plasmacytoma at the injection site • Deep vein thrombosis • Cellulitis at site of injection The following important potential risks were reclassified as not important and removed from the RMP: • Combination with other therapies like chemotherapy or immunosuppressive agents • Recombination of talimogene laherparepvec with wild-type HSV-1 virus may occur • Impaired wound healing at site of injection • Delayed next line treatment in non-responders • Loss of efficacy in patients treated with systemic acyclovir for complications The following missing information was removed from the RMP: • Use in patients below the age of 40 years • Use in patients with renal or hepatic impairment • Treatment of patients with cardiac impairment • Use in patients of race or ethnic origin other than white • Treatment of patients with bone metastases • Treatment of patients with active cerebral metastases • Treatment of patients with more than 3 visceral lesions • Treatment of patients with metastatic lesions greater than 3 cm • Treatment of patients with ocular melanoma • Treatment of patients with mucosal melanoma **Pharmacovigilance Plan:** No change **Postauthorization Efficacy Plan:** • Study 20120139 was removed as a postauthorization efficacy study. **Risk Minimization Measures:** No change

Version	Approval Date Procedure	Version
5.0	Date of RMP: 15 November 2018 EMEA/H/C/002771/ II/0029	**Safety Concerns:** The following missing information was removed from the RMP: • Additional clinical biodistribution and shedding data in melanoma **Pharmacovigilance Plan;** • Study 20120324 removed as study complete **Postauthorization Efficacy Plan:** No change **Risk Minimization Measures:** No change
4.1	Date of RMP: 29 January 2019 EMEA/H/C/002771/ II/0028	**Safety Concerns:** The following safety concern was reclassified as an important potential risk and added to the RMP: • Combination with other therapies like chemotherapy or immunosuppressive agents The following safety concern was reclassified as missing information and added to the RMP: • Treatment of patients with metastatic lesions greater than 3 cm **Pharmacovigilance Plan:** No change **Postauthorization Efficacy Plan:** The following postauthorization efficacy studies were added to the RMP: • Study 20110265 • Study 20110266 **Risk Minimization Measures:** No change **Annexes:** • Annex 5: Protocols for Studies 20110265 and 20110266 were appended
5.1	Date of RMP: 15 February 2019 EMEA/H/C/002771/ II/0029	**Safety Concerns:** No change **Pharmacovigilance Plan:** No change **Postauthorization Efficacy Plan:** No change **Risk Minimization Measures:** No change **Annexes:** No change **Other Changes:** Information on detectable DNA from swabs of the exterior of occlusive dressings added to justification text for removal of the missing information 'Additional clinical biodistribution and shedding data in melanoma.'

Version	Approval Date Procedure	Version
6.0	Date of RMP: 27 March 2019 EMEA/H/C/002771/ II/0028 EMEA/H/C/002771/ II/0029	**Safety Concerns:** No change **Pharmacovigilance Plan:** No change **Postauthorization Efficacy Plan:** No change **Risk Minimization Measures:** No change **Annexes:** No change **Other Changes:** Consolidation of EU RMP versions 4.1 and 5.1.
7.0	Date of RMP: 26 April 2019 To be confirmed by EMA	**Safety Concerns:** No change **Pharmacovigilance Plan:** The following studies were added to evaluate the effectiveness of additional risk minimization measures: • Study 20180062 • Study 20180099 **Postauthorization Efficacy Plan:** No change **Risk Minimization Measures:** • Plans to evaluate the effectiveness of the additional risk minimization measures were updated as follows: - Effectiveness of the managed distribution program will be measured by conducting an internal evaluation of managed distribution process metrics - Effectiveness of the Physician Education Booklet will be measured using a cross-sectional survey (Study 20180099) - Effectiveness of the patient safety brochure and patient alert card will be measured using a cross-sectional survey (Study 20180062) • Patient safety brochure and patient alert card removed as additional risk minimization measures for the important identified risk of accidental exposure of healthcare provider to talimogene laherparepvec and the important potential risk of immunocompromised patients treated with talimogene laherparepvec and suffering from concomitant infection as these measures are not relevant for these risks. **Annexes:** • Annex 2: Updated to include Studies 20180062 and 20180099 • Annex 3: Protocols for Studies 20180062 and 20180099 were appended

Version	Approval Date Procedure	Version
8.0	Date of RMP: 13 June 2019 EMEA/H/C/002771/ IB/0035	**Safety Concerns:** No change **Pharmacovigilance Plan:** No change **Postauthorization Efficacy Plan:** Clinical study report due date updated for Study 20110265 **Risk Minimization Measures:** No change **Annexes:** No change
8.1	Date of RMP: 15 July 2019 EMEA/H/C/002771/ IB/0035	**Safety Concerns:** No change **Pharmacovigilance Plan:** No change **Postauthorization Efficacy Plan:** No change **Risk Minimization Measures:** No change **Annexes:** No change **Other changes:** Removal of all of EU RMP v7.0 changes (procedure EMEA/H/C/002771/II/0034) so that only v8.0/v8.1 changes (procedure EMEA/H/C/002771/IB/0035) are contained within the current EU RMP.
9.0	Date of RMP: 06 August 2019 To be confirmed by EMA	**Safety Concerns:** No change **Pharmacovigilance Plan:** The following studies were added to evaluate the effectiveness of additional risk minimization measures: • Study 20180062 • Study 20180099 **Postauthorization Efficacy Plan:** No change **Risk Minimization Measures:** • Plans to evaluate the effectiveness of the additional risk minimization measures were updated as follows: - Effectiveness of the managed distribution program will be measured by conducting an internal evaluation of managed distribution process metrics - Effectiveness of the Physician Education Booklet will be measured using a cross-sectional survey (Study 20180099) - Effectiveness of the patient safety brochure and patient alert card will be measured using a cross-sectional survey (Study 20180062) Patient safety brochure and patient alert card removed as additional risk minimization measures for the important identified risk of accidental exposure of healthcare provider to talimogene laherparepvec and the important potential risk of immunocompromised patients treated with talimogene laherparepvec and suffering from concomitant infection as these measures are not relevant for these risks. **Annexes:** • Annex 2: Updated to include Studies 20180062 and 20180099 • Annex 3: Protocols for Studies 20180062 and 20180099 were appended

Version	Approval Date Procedure	Version
9.1	Date of RMP: 12 June 2020	**Other Changes:** **To extend the final report date for the category 3 Study 20180099 from 31 August 2020 to 28 February 2021**
9.2	Date of RMP: 14 December 2020 Procedure: EMEA/H/C/002771/ IB/0042	**Other Changes:** To extend the final report date for the category 3 Study 20180062 from 31 March 2021 to March 2022
9.3	Date of RMP: 25 January 2021 Procedure: EMEA/H/C/002771/ IB/0042	**Other Changes:** To correct the status of the category 3 Studies 20130193, 20180062, and 20180099 from planned to ongoing.
10.0	Date of RMP: 18 August 2022	**Safety Concerns:** The following safety concern was updated as the important identified risk of Disseminated Herpetic Infection: • Disseminated herpetic infection in severely immunocompromised individuals (those with any severe congenital or acquired cellular and/or humoral immune deficiency) The following important potential risks were reclassified as an important identified risk an included it within the updated important identified risk of disseminated herpetic infection: • 'Disseminated herpetic infection in immunocompromised patients (such as those with HIV/AIDS, leukemia, lymphoma, common variable immunodeficiency, or those who require chronic high-dose steroids or other immunosuppressive agents) • 'Symptomatic talimogene laherparepvec infection in non-tumor tissue in treated patients' **Pharmacovigilance Plan:** The following Additional Pharmacovigilance Activities were removed: • Amgen will facilitate testing of GM-CSF antibodies for patients with reported adverse events' as a pharmacovigilance activity. • 'Study to be determined: A randomized, controlled study to evaluate the safety and efficacy of talimogene laherparepvec in children from birth to < 18 years of age with a pediatric solid malignant tumor as part of a multi-modal treatment approach.' Category 3. The following studies were removed additional risk minimization measures as they were completed: • Study 20180062 • Study 20180099 • Study 20120139

		Postauthorization Efficacy Plan: Updated to remove Study 20110265 **Annexes:** • Annex 2: Updated to include Studies 20180062, 20180099, 20120139 • Annex 5: Updated to remove Study 20110265
10.1	Date of RMP: 03 March 2023 Procedure: EMEA/H/C/002771/ II/0059	**Safety Concerns:** Updated the potential mechanism, severity, and frequency for the important identified risk 'Disseminated herpetic infection.' **Pharmacovigilance Plan:** Updated the milestone dates for the following studies: • Study 20130193 • Study 20110261 **Annexes:** • Annex 3: Updated to remove completed Studies 20180062, 20180099 and 20120139
10.2	Date of RMP: 12 April 2023 Approval Date: 26 April 2023 Procedure: EMEA/H/C/002771/ II/0059	**Safety Concerns:** Updated the frequency of the important identified risk 'Disseminated herpetic infection'
11.0	Date of RMP: 26 May 2023	**Safety Concerns:** Removed the important potential risk 'Talimogene Laherparepvec-mediated Anti-GM-CSF Antibody Response' **Postauthorization Efficacy Plan:** Updated to remove Study 20110266 **Annexes:** • Annex 5: Updated to remove completed Study 20110266 • Annex 7: Updated to remove the validation studies related to the removed risk of 'Talimogene Laherparepvec-mediated Anti-GM-CSF Antibody Response'

This summary was created in July 2023.