

Specialty Guideline Management

Imdelltra

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Imdelltra	tarlatamab-dlle

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications¹

Adult patients with extensive stage small cell lung cancer (ES-SCLC) with disease progression on or after platinum-based chemotherapy.

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

Extensive Stage Small Cell Lung Cancer^{1,2}

Authorization of 12 months may be granted for treatment of extensive stage small cell lung cancer (ES-SCLC) with disease progression on or after platinum-based chemotherapy as a single agent.

Reference number(s)
6500-A

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Imdelltra [package insert]. Thousand Oaks, CA: Amgen Inc.; May 2024.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. <https://www.nccn.org>. Accessed March 10, 2025.