

SPECIALTY GUIDELINE MANAGEMENT

IMDELLTRA (tarlatamab-dlle)

POLICY

I. 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 Indication

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.

II. CRITERIA FOR INITIAL APPROVAL

Extensive Stage Small Cell Lung Cancer

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.

III. CONTINUATION OF THERAPY

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

IV. REFERENCES

1. Imdelltra [package insert]. Thousand Oaks, CA: Amgen Inc.; May 2024.