

T-Cell Immunotherapies
Imdelltra (tarlatamab-dlle)
Effective 10/01/2026

Plan	☒ MassHealth UPPL ☐ Commercial/Exchange		Program Type	☒ Prior Authorization
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit			☐ Quantity Limit ☐ Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A			

Overview

Imdelltra is indicated for the treatment of adult patients with extensive stage small cell lung cancer (ES-SCLC) with disease progression on or after platinum-based chemotherapy.

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of extensive stage small cell lung cancer (ES-SCLC)
2. Prescriber is an oncologist
3. Appropriate dosing
4. Inadequate response, adverse reaction, or contraindication to ONE platinum-based chemotherapy

Continuation of Therapy

Resubmission by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 6 months

References

1. Imdelltra® [package insert]. Thousand Oaks (CA): Amgen Inc.; 2025 Nov
2. Kelly K. Extensive-stage small cell lung cancer: Initial management. In: Vora SR (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2024 [cited 2024 May 24. Available from: <http://www.uptodate.com/uptd/index.do>.

Review History

10/9/24 – Created for P&T. Adopted MH criteria for Imdelltra. Effective 11/12/24

09/09/26 – Reviewed and Updated for P&T. No clinical changes made. Effective 10/1/26

