

T-Cell Immunotherapies
Imdelltra (tarlatamab-dlle)
Effective 11/12/2024

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	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

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication 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.; 2024 May
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/utd/index.do>.

Review History

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

