Medical Policy

Utilization Management and Clinical Medical Policy

Policy Name:	Policy Number:	Scope:	Origination Date:	Effective Date:
Tarlatamab-dlle (Imdelltra)	**MP-RX-FP-171-25**	☒ **MMM MA** ☒ **MMM MultiHealth**	**8/8/2025**	**5/6/2026**
			Last Review Date: **5/6/2026**	**Frequently Revision:** **Annual**

Service Category:

☐ Anesthesia
☐ Surgery
☐ Radiology Procedures
☐ Pathology and Laboratory Procedures
☐ Medicine Services and Procedures
☐ Evaluation and Management Services
☐ DME/Prosthetics or Supplies
☒ Other: Part B Drugs

Service Description:

This document addresses the use of Tarlatamab-dlle (Imdelltra), a drug approved by the Food and Drug Administration (FDA) for the treatment of adult patients with extensive stage small cell lung cancer (ES-SCLC) with disease progression on or after platinum-based chemotherapy.

Background Information:

Imdelltra is a bispecific delta-like ligand 3 (DLL3)-directed CD3 T-cell engager indicated for the treatment of ad cancer (ES-SCLC) with disease progression on or after platinum-based chemotherapy. In November 2025, the FDA The National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology include tarlatar SCLC.

IMDELLTRA has a boxed warning for cytokine release syndrome (CRS) and neurologic toxicity, including immune effector cell-associated neurotoxicity syndrome (ICANS), which can be life-threatening or fatal. Treatment must be initiated using the step-up dosing schedule to reduce the incidence and severity of CRS. Additional warnings and precautions include cytopenias, infections, hepatotoxicity, hypersensitivity, and embryo-fetal toxicity. The most common adverse reactions (>20%) were CRS, fatigue, decreased appetite, anemia, dysgeusia, pyrexia, constipation, musculoskeletal pain, and nausea.

Definitions and Measures

- Chemotherapy: Medical treatment of a disease, particularly cancer, with drugs or other chemicals.
- Small cell lung cancer (SCLC): A fast-growing, high-grade neuroendocrine carcinoma of the lung characterized by early dissemination and frequent recurrence after initial therapy.
- Progressive Disease (PD): Cancer that is growing, spreading, or getting worse.

Approved Indications

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

Other Uses

A. Subsequent therapy option for ES-SCLC.

Policy Name:	Policy Number:	Scope:	Origination Date:	Effective Date:
Tarlatamab-dlle (Imdelltra)	MP-RX-FP-171-25	☒ MMM MA ☒ MMM MultiHealth	8/8/2025	5/6/2026
			Last Review Date: 5/6/2026	Frequently Revision: Annual

Medical Necessity Guidelines:

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Tarlatamab-dlle (Imdelltra®)

A. Criteria For Initial Approval (*Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met **all** approval criteria.)*

Requests for *Imdelltra (tarlatamab-dlle)* may be approved if the following criteria are met:

i. Individual has a diagnosis of extensive stage small cell lung cancer (ES-SCLC) (Label, NCCN 1)); **AND**
ii. Individual has experienced disease progression on or after platinum-based chemotherapy; **AND**
iii. Requested use is as subsequent systemic therapy as a single agent; **AND**
iv. Individual has performance status 0-2;

OR

v. Individual has limited brain metastases from small cell lung cancer (NCCN 2A); **AND**
vi. Requested use is as single-agent treatment; **AND**
vii. Individual meets *one* of the following:
   a. Use is as initial treatment in select cases (e.g., small asymptomatic brain metastases) for newly diagnosed or stable systemic disease or if reasonable systemic treatment options exist; **OR**
   b. Use is for recurrent brain metastases**;**

OR

viii. Individual has extensive brain metastases from small cell lung cancer (NCCN 2A); **AND**
ix. Requested use is as single-agent treatment; **AND**
x. Individual meets *one* of the following:
   a. Use is as primary treatment in select cases (e.g., small asymptomatic brain metastases); **OR**
   b. Use is for recurrent disease with stable systemic disease or reasonable systemic treatment options.

B. Criteria For Continuation of Therapy

a. MMM considers continuation of *Tarlatamab-dlle (Imdelltra)* therapy medically necessary in members requesting reauthorization for an indication listed in Section A above (Criteria for Initial Approval) when there is no evidence of an unacceptable toxicity or disease progression while on the current regimen. The following information should be submitted for reauthorization:
   i. A current oncology note documenting the patient's response to treatment; **AND**

Policy Name:	Policy Number:	Scope:	Origination Date:	Effective Date:
Tarlatamab-dlle (Imdelltra)	MP-RX-FP-171-25	☒ MMM MA ☒ MMM MultiHealth	8/8/2025	5/6/2026
			Last Review Date: 5/6/2026	Frequently Revision: Annual

ii. Current imaging studies and other objective clinical evidence, as appropriate, showing no progression of disease when compared with previous results.

C. Authorization Duration

a. Initial Approval Duration: 12 months
b. Reauthorization Approval Duration: 12 months

D. Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

i. Requests for *Tarlatamab-dlle (Imdelltra)* may not be approved for the following uses:
   a. Use as first-line systemic therapy for small cell lung cancer, except for the NCCN-supported select brain metastasis scenarios described in the Criteria for Initial Approval; **OR**
   b. Use for limited-stage small cell lung cancer without brain metastases; **OR**
   c. Use for brain metastases from small cell lung cancer that do not meet the NCCN-supported criteria for limited or extensive brain metastases described above; **OR**
   d. Use in combination with other antineoplastic agents for small cell lung cancer; **OR**
   e. Use for malignancies other than small cell lung cancer or for any non-oncologic indication; **OR**
   f. Use in individuals younger than 18 years of age; **OR**
   g. Use for extensive-stage small cell lung cancer in the absence of disease progression on or after platinum-based chemotherapy or relapse.

Policy Name:	Policy Number:	Scope:	Origination Date:	Effective Date:
Tarlatamab-dlle (Imdelltra)	MP-RX-FP-171-25	☒ MMM MA ☒ MMM MultiHealth	8/8/2025	5/6/2026
			Last Review Date: 5/6/2026	Frequently Revision: Annual

Limits or Restrictions:

A. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Administer concomitant medications as recommended for Cycle 1 Day 1 and Cycle 1 Day 8. Ensure patients are well hydrated prior to administration. Evaluate complete blood count, liver enzymes, and bilirubin prior to administration of all doses of IMDELLTRA up through Cycle 5 Day 15 and then prior to administration on Day 1 of each cycle starting with Cycle 6. More frequent evaluation may be necessary as clinically indicated.

Imdelltra (tarlatamab-dlle) for injection: 1 mg, 10 mg of lyophilized powder in a single-dose vial for reconstitution and further dilution.

Dosing schedule	Day	Dose of IMDELLTRA	Recommended Monitoring
Step-up Dose and Schedule Cycle 1	Day 1[a]	Step up dose 1mg IV	Monitor patients from the start of the IMDELLTRA infusion for 22 to 24 hours on Cycle 1 Day 1 and Cycle 1 Day 8 in an appropriate healthcare setting. Recommend that patients remain within 1 hour of an appropriate healthcare setting for a total of 48 hours from start of the IMDELLTRA infusion, accompanied by a caregiver.
	Day 8[a]	10mg IV	
	Day 15	10mg IV	Monitor patients from the start of the IMDELLTRA infusion for 22 to 24 hours on Cycle 1 Day 1 and Cycle 1 Day 8 in an appropriate healthcare setting. Recommend that patients remain within 1 hour of an appropriate healthcare setting for a total of 48 hours from start of the IMDELLTRA infusion, accompanied by a caregiver.
Cycle 2	Day 1 and 15	10mg IV	Observe patients for 6-8 hours post IMDELLTRA infusion.
Cycle 3 and 4	Day 1 and 15	10mg IV	Observe patients for 3-4 hours post IMDELLTRA infusion.
Cycle 5 and subsequent infusions	Day 1 and 15	10mg IV	Observe patients for 2 hours post IMDELLTRA infusion.
Exceptions			

- Administer recommended concomitant medications before and after Cycle 1 Day 1 and Cycle 1 Day 8 IMDELLTRA infusions as described below.

Policy Name:	Policy Number:	Scope:	Origination Date:	Effective Date:
Tarlatamab-dlle (Imdelltra)	**MP-RX-FP-171-25**	☒ **MMM MA** ☒ **MMM MultiHealth**	**8/8/2025**	**5/6/2026**
			Last Review Date: **5/6/2026**	**Frequently Revision:** **Annual**

Treatment Day	Medication	Administration
Cycle 1 Day 1 and Cycle 1 Day 8	Dexamethasone 8 mg intravenously (or equivalent)	Within 1 hour prior to IMDELLTRA administration
Cycle 1 Day 1 and Cycle 1 Day 8	1 liter of normal saline intravenously over 2 to 4 hours	Immediately after completion of IMDELLTRA infusion

- Extended monitoring in a healthcare setting is not required unless the patient experiences Grade ≥ 2 CRS, ICANS, or neurologic toxicity during prior treatments.

Codes Information:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

ICD-10 Diagnostic Codes:

Codes	Description
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C33	Malignant neoplasm of trachea
C34.00-C34.92	Malignant neoplasm of bronchus and lung
C79.31	Secondary malignant neoplasm of brain

HCPCS Codes:

Codes	Description
J9026	Injection, tarlatamab-dlle, 1 mg [Imdelltra]

Policy Name:	Policy Number:	Scope:	Origination Date:	Effective Date:
Tarlatamab-dlle (Imdelltra)	MP-RX-FP-171-25	☒ MMM MA ☒ MMM MultiHealth	8/8/2025	5/6/2026
			Last Review Date: 5/6/2026	Frequently Revision: Annual

Reference Information:

1. Amgen Inc. (2025, November). *IMDELLTRA (tarlatamab-dlle) [Prescribing information].* Retrieved March 31, 2026.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Updated periodically.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically
5. Mountzios, G., Sun, L., Cho, B. C., et al. (2025). Tarlatamab in small-cell lung cancer after platinum-based chemotherapy. *New England Journal of Medicine, 393*(4), 349–361. https://doi.org/10.1056/NEJMoa2502099
6. NCCN Clinical Practice Guidelines in Oncology™. © 2026 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Retrieved March 31, 2026.
   a. Small Cell Lung Cancer. Version 2.2026.
   b. Central Nervous System. Version. 3.2025.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

Policy Name:	Policy Number:	Scope:	Origination Date:	Effective Date:
Tarlatamab-dlle (Imdelltra)	**MP-RX-FP-171-25**	☒ **MMM MA** ☒ **MMM MultiHealth**	**8/8/2025**	**5/6/2026**
			Last Review Date: **5/6/2026**	**Frequently Revision:** **Annual**

Policy History:

Type of Review	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Annual Review	Updated the policy to align with the current IMDELLTRA prescribing information and NCCN guidance by revising the background to reflect traditional FDA approval, boxed warnings, additional key safety warnings, and current adverse reaction language; expanding initial approval criteria to include the labeled ES-SCLC subsequent therapy use and NCCN-supported single-agent use for limited and extensive brain metastases; refining conditions not covered to exclude non-supported uses while preserving valid NCCN scenarios; updating continuation criteria to require ongoing clinical benefit with no unacceptable toxicity or disease progression; revising the dosing and monitoring section to reflect the current step-up schedule, premedication, hydration, laboratory monitoring, and infusion observation requirements. Coding Review: added ICD10 codes C7A.1 and C79.31. Updated references accordingly. Completed an administrative adaptation to the new policy format/template for consistency across sections.	5/1/2026	5/6/2026
Policy Inception	MMM Developed Medical Policy.	7/17/2025	8/8/2025