

Imdelltra™ (tarlatamab-dlle) Prior Authorization Form

Member Name: _____ Date of Birth: _____ Member ID#: _____

Drug Information

Physician billing (HCPCS code: _____) Start Date: _____

Dose: _____ Regimen: _____

Billing Provider Information

Provider NPI: _____ Provider Name: _____

Provider Phone: _____ Provider Fax: _____

Prescriber Information

Prescriber NPI: _____ Prescriber Name: _____

Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____

Criteria**For Initial Authorization:**

1. Please indicate the diagnosis and information:

 Extensive Stage Small Cell Lung Cancer (ES-SCLC) Other: _____

2. Does member have disease progression on or after platinum-based chemotherapy? Yes ___ No ___

3. Is the healthcare facility trained in the management of cytokine release syndrome (CRS) and neurologic toxicities? Yes ___ No ___

Additional information: _____

_____**For Continued Authorization:**

1. Date of last dose: _____

2. Does member have any evidence of progressive disease while on Imdelltra™? Yes ___ No ___

3. Has the member experienced adverse drug reactions related to Imdelltra™? Yes ___ No ___

If yes, please specify adverse reactions: _____

Prescriber Signature: _____ Date: _____

*I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. Failure to complete this form in full will result in processing delays. Please do not send in chart notes. Specific information will be requested if necessary.***PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:**University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization Unit
Fax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4**CONFIDENTIALITY NOTICE***This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*