

Regimen Monograph

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A - Regimen Name

TARL Regimen

Tarlatab

Disease Site Lung
Small Cell

Intent Palliative

Regimen Category **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses Therapy for previously treated extensive-stage small cell lung cancer (ES-SCLC)

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B - Drug Regimen

Cycle 1:

tarlatamab 1 mg IV Day 1

(This drug is not currently publicly funded for this regimen and intent)

tarlatamab 10 mg IV Days 8 and 15

(This drug is not currently publicly funded for this regimen and intent)

Cycle 2 and beyond:

tarlatamab 10 mg IV Days 1 and 15

(This drug is not currently publicly funded for this regimen and intent)

Note: ST-QBP funding is for outpatient administration

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal

Pre-medications (prophylaxis for CRS):

Cycle 1:

Give within 1 hour before each tarlatamab dose in cycle 1, **Days 1 and 8:**

- Dexamethasone 8 mg IV (or equivalent)

Give immediately after completion of **each** tarlatamab infusion in cycle 1:

- Normal saline 1 L over 4 to 5 hours

Other Supportive Care:

- Tarlatamab should be administered to adequately hydrated patients.

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K - References

Ahn MJ, Cho BC, Felip E, et al. Tarlatamab for patients with previously treated small-cell lung cancer. *N Engl J Med* 2023 Nov 30;389(22):2063-75.

Prescribing information: Imdelltra™ (tarlatamab-dlle). Amgen Inc. (USA), May 2024.

August 2024 new ST-QBP regimen

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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