PRODUCT MONOGRAPH

INCLUDING PATIENT MEDICATION INFORMATION

[Pr] IMDELLTRA™

tarlatamab for injection

Lyophilized powder for solution for intravenous infusion, 1 mg and 10 mg per vial

Professed Standard

Antineoplastic Agent, bispecific T-cell engager

ATC Code: L01FX33

"IMDELLTRA, indicated for:

- *the treatment of adult patients with extensive stage small cell lung cancer (ES-SCLC) with disease progression on or after at least two prior lines of therapy including platinum-based chemotherapy.*

has been issued market authorization with conditions, pending the results of trials to verify its clinical benefit. Patients should be advised of the nature of the authorization. For further information for IMDELLTRA please refer to Health Canada's Notice of Compliance with conditions - drug products web site: https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/notice-compliance/conditions.html"

Amgen Canada Inc.
6775 Financial Drive, Suite 300
Mississauga, Ontario
L5N 0A4

Date of Initial Authorization:
SEP 11, 2024

Submission Control Number: 281963

What is a Notice of Compliance with Conditions (NOC/c)?

An NOC/c is a form of market approval granted to a product on the basis of promising evidence of clinical effectiveness following review of the submission by Health Canada.

Products authorized under Health Canada's NOC/c policy are intended for the treatment, prevention or diagnosis of a serious, life-threatening or severely debilitating illness. They have demonstrated promising benefit, are of high quality and possess an acceptable safety profile based on a benefit/risk assessment. In addition, they either respond to a serious unmet medical need in Canada or have demonstrated a significant improvement in the benefit/risk profile over existing therapies. Health Canada has provided access to this product on the condition that sponsors carry out additional clinical trials to verify the anticipated benefit within an agreed upon time frame.

RECENT MAJOR LABEL CHANGES

N/A	

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Sections or subsections that are not applicable at the time of authorization are not listed.

PART I: HEALTH PROFESSIONAL INFORMATION

1 INDICATIONS

IMDELLTRA™ (tarlatamab for injection) is indicated for:

- the treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC) with disease progression on or after at least two prior lines of therapy including platinum-based chemotherapy.

This indication is issued market authorization with conditions based on objective response rate (ORR) and duration of response (DOR) (see 14 CLINICAL TRIALS). An improvement in survival has not yet been established.

1.1 Pediatrics

Pediatrics (< 18 years of age): No data are available to Health Canada; therefore, Health Canada has not authorized an indication for pediatric use.

1.2 Geriatrics

Geriatrics (≥ 65 years of age): Of the 187 patients with SCLC who received IMDELLTRA at the recommended 10 mg dose, 54.0% were 65 years or older and 11.8% were 75 years of age or older. Evidence from clinical studies does not suggest that use in the geriatric population is associated with differences in safety. Clinical studies did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients.

2 CONTRAINDICATIONS

Imdelltra is contraindicated in patients who are hypersensitive to this drug or to any ingredient in the formulation, including any non-medicinal ingredient, or component of the container. For a complete listing, see 6 DOSAGE FORMS, STRENGTHS, COMPOSITION AND PACKAGING.

3 SERIOUS WARNINGS AND PRECAUTIONS BOX

Serious Warnings and Precautions

- Cytokine Release Syndrome (CRS), which may be serious or life-threatening, can occur in patients receiving Imdelltra. Initiate treatment with Imdelltra using the step-up dosing schedule to reduce the incidence and severity of CRS. Withhold Imdelltra until CRS resolves or permanently discontinue based on severity (see 4 DOSAGE AND ADMINISTRATION and 7 WARNINGS AND PRECAUTIONS, Immune, Cytokine Release Syndrome).
- Neurologic toxicity, including Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS), which may be serious or life-threatening, can occur in patients receiving Imdelltra. Monitor patients for signs and symptoms of neurologic toxicity, including ICANS, during treatment and treat promptly. The onset of ICANS may be concurrent with CRS, following the resolution of CRS, or in the absence of CRS. Withhold Imdelltra until the neurologic toxicity resolves or permanently discontinue based on severity (see 4 DOSAGE AND ADMINISTRATION and 7 WARNINGS AND PRECAUTIONS, Neurologic, Immune Effector Cell-Associated Neurotoxicity Syndrome).

4 DOSAGE AND ADMINISTRATION

4.1 Dosing Considerations

- Administer Imdelltra according to the step-up dosing schedule in Table 1 to reduce the incidence and severity of cytokine release syndrome (CRS) (see 4.2 Recommended Dose and Dosage Adjustment).
- Administer concomitant medication as recommended to reduce the risk of CRS reactions (see Table 8 in 4.4 Administration).
- Imdelltra should only be administered by a healthcare professional with appropriate medical support to manage CRS and neurologic toxicity including immune effector cell-associated neurotoxicity syndrome (ICANS) (see 7 WARNINGS AND PRECAUTIONS, Immune)
- Due to the risk of CRS and neurologic toxicity, including ICANS, monitor patients for 24 hours from the start of Imdelltra infusion on Cycle 1 Day 1 and Cycle 1 Day 8 in an appropriate healthcare setting (see 4.2 Recommended Dose and Dosage Adjustment and 7 WARNINGS AND PRECAUTIONS, Immune).
- Recommend patients to remain within 1 hour of an appropriate healthcare setting for 48 hours from the start of the Imdelltra infusion following Cycle 1 Day 1 and Cycle 1 Day 8 doses accompanied by a caregiver (see 4.2 Recommended Dose and Dosage Adjustment).
- Ensure patients are well hydrated prior to administration of Imdelltra (see 7 WARNINGS AND PRECAUTIONS, Immune).
- Prior to administration of Imdelltra evaluate complete blood count, liver enzymes and bilirubin before each dose, and as clinically indicated (see 7 WARNINGS AND PRECAUTIONS and 4.2 Recommended Dose and Dosage Adjustment for recommended actions based on laboratory results).
- Imdelltra should not be administered to patients with active infection.

4.2 Recommended Dose and Dosage Adjustment

Recommended Dose

The recommended dosage and schedule of Imdelltra is provided in Table 1. Administer following step-up dosing to reduce the incidence and severity of CRS.

Treat patients until disease progression or unacceptable toxicity.

Table 1. Recommended Dosage Schedule of Imdelltra

Dosing Schedule	Day	Dose of Imdelltra	Recommended Monitoring
Step-up Dosing Schedule Cycle 1	Day 1[a]	1 mg[a]	Monitor patients from the start of the Imdelltra infusion for 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 infusion with Imdelltra, accompanied by a caregiver.
	Day 8[a]	10 mg[a]	
	Day 15	10 mg	Observe patients for 6-8 hours post Imdelltra infusion[b].
Cycle 2	Day 1 and 15	10 mg	Observe patients for 6-8 hours post Imdelltra infusion[b].
Cycles 3 and 4	Day 1 and 15	10 mg	Observe patients for 3-4 hours post Imdelltra infusion [b].
Cycle 5 and subsequent infusions	Day 1 and 15	10 mg	Observe patients for 2 hours post Imdelltra infusion [b].

[a] Administer recommended concomitant medications before and after Cycle 1 Imdelltra infusions as described in Table 8.
[b] Extended monitoring in a healthcare setting is not required unless the patient experiences Grade ≥ 2 CRS, ICANS or neurological toxicity during prior treatments. See Table 3 and Table 4 for monitoring recommendations.
Note: see Table 2 for recommendation on restarting Imdelltra after dose delays.

Restarting Imdelltra After Dosage Delay

If a dose of Imdelltra is delayed, restart therapy based on the recommendations as listed in Table 2 and resume the dosing schedule accordingly. Administer the recommended concomitant medications before and after Cycle 1 Imdelltra infusions and monitor patients accordingly (see 4.4 Administration).

Table 2. Recommendations for Restarting Therapy with Imdelltra After Dosage Delay

Last Dose Administered	Time Since the Last Dose Administered	Action [a, b]
1 mg on Cycle 1 Day 1	2 weeks or less (≤ 14 days)	Administer Imdelltra 10 mg, then resume with the planned dosage schedule.
	Greater than 2 weeks (> 14 days)	Administer Imdelltra step-up dose 1 mg. If tolerated, increase to 10 mg 1 week later. Then resume with the planned dosage schedule.
10 mg on Cycle 1 Day 8	3 weeks or less (≤ 21 days)	Administer Imdelltra 10 mg, then resume with the planned dosage schedule.
	Greater than 3 weeks (> 21 days)	Administer Imdelltra step-up dose 1 mg. If tolerated, increase to 10 mg 1 week later. Then resume with the planned dosage schedule.
10 mg on Cycle 1 Day 15 and subsequent Cycles every 2 weeks thereafter	4 weeks or less (≤ 28 days)	Administer Imdelltra 10 mg, then resume with the planned dosage schedule.
	Greater than 4 weeks (> 28 days)	Administer Imdelltra step-up dose 1 mg. If tolerated, increase to 10 mg 1 week later. Then resume with the planned dosage schedule.

[a] Administer recommended concomitant medications as described in Table 8.
[b] Refer to Table 1 for recommended monitoring.

Recommended Dose Modifications

No dosage reduction for Imdelltra is recommended. See Table 3 and Table 4 for recommended actions for the management of CRS and neurologic toxicity including ICANS, and Table 5 for cytopenias, infections and other adverse reactions.

Management of Cytokine Release Syndrome (CRS)

Diagnose CRS based on clinical presentation (see 7 WARNINGS AND PRECAUTIONS, Immune, Cytokine Release Syndrome). Evaluate for and treat other causes of fever, hypoxia, and hypotension.

If CRS is suspected, manage according to the recommendations in Table 3 and consider further management per current practice guidelines. Monitor patients who experience Grade 2 or higher CRS (e.g., hypotension not responsive to fluids, or hypoxia requiring supplemental oxygen) with continuous cardiac telemetry and pulse oximetry. For severe or life-threatening CRS, recommend anti-IL-6 therapy, for example, tocilizumab or equivalent and intensive monitoring (e.g., ICU) for supportive therapy. Perform laboratory testing to monitor for disseminated intravascular coagulation (DIC), hematology parameters, as well as pulmonary, cardiac, renal, and hepatic function.

Table 3. Guidelines for Grading and Management of Cytokine Release Syndrome

CRS Grade[a]	Defining Symptoms	Imdelltra Dosage Modification	Management[a]
Grade 1	Symptoms require symptomatic treatment only (eg, fever ≥ 38°C without hypotension or hypoxia).	Withhold Imdelltra until event resolves, then resume Imdelltra at the next scheduled dose[b].	• Administer symptomatic treatment (e.g., acetaminophen) for fever.
Grade 2	Symptoms require and respond to moderate intervention. • Fever: ≥ 38°C, • Hypotension responsive to fluids not requiring vasopressors, and/or • Hypoxia requiring low-flow nasal cannula or blow-by.	Withhold Imdelltra until event resolves, then resume Imdelltra at the next scheduled dose[b].	• Recommend hospitalization for a minimum of 24 hours with cardiac telemetry and pulse oximetry. • Administer symptomatic treatment (e.g., acetaminophen) for fever. • Administer supplemental oxygen and Intravenous (IV) fluids when indicated. • Consider dexamethasone[c] (or equivalent) 8 mg IV. • Consider tocilizumab (or equivalent). • When resuming treatment at the next planned dose, monitor patients from the start of the Imdelltra infusion for 24 hours in an appropriate healthcare setting.
Grade 3	Severe symptoms defined as temperature ≥ 38°C with: • Hemodynamic instability requiring a vasopressor (with or without vasopressin) or • Worsening hypoxia or respiratory distress requiring high flow nasal canula (> 6 L/min oxygen) or face mask.	Withhold Imdelltra until the event resolves, then resume Imdelltra at the next scheduled dose[b]. For recurrent Grade 3 events, permanently discontinue Imdelltra.	In addition to Grade 2 treatment: • Recommend intensive monitoring, e.g., ICU care. • Administer dexamethasone[c] (or equivalent) 8 mg IV every 8 hours up to 3 doses. • Vasopressor support as needed. • High-flow oxygen support as needed. • Recommend tocilizumab (or equivalent). • Prior to the next dose, administer concomitant medications as recommended for Cycle 1 (see Table 8). When resuming treatment at the next planned dose, monitor patients from the start of the Imdelltra infusion for 24 hours in an appropriate healthcare setting.

Table 3. Guidelines for Grading and Management of Cytokine Release Syndrome

CRS Grade[a]	Defining Symptoms	Imdelltra Dosage Modification	Management[a]
Grade 4	Life-threatening symptoms defined as temperature ≥ 38°C with: • Hemodynamic instability requiring multiple vasopressors (excluding vasopressin) • Worsening hypoxia or respiratory distress despite oxygen administration requiring positive pressure.	Permanently discontinue Imdelltra.	• ICU care. • Per Grade 3 treatment. • Recommend tocilizumab (or equivalent).

[a] Based on American Society for Transplantation and Cellular Therapy (ASTCT) Consensus Grading (2019)
[b] See Table 2 for recommendations on restarting Imdelltra after dose delays
[c] Taper steroids per standard of care guidelines

Management of Neurologic Toxicity including Immune Effector Cell-associated Neurotoxicity Syndrome (ICANS)

At the first sign of neurologic toxicity, including ICANS, withhold Imdelltra and consider neurology evaluation. Rule out other causes of neurologic symptoms. Provide supportive therapy, which may include intensive care for severe or life-threatening neurologic toxicities, including ICANS (see 7 WARNINGS AND PRECAUTIONS). Manage ICANS and neurologic toxicity according to the recommendations in Table 4 and consider further management per current practice guidelines.

Table 4. Guidelines for Management of Neurologic Toxicity including Immune Effector Cell-Associated Neurotoxicity Syndrome

ICANS Grade[a]	Defining Symptoms	Imdelltra Dosage Modifications	Management
Grade 1	ICE score 7-9[b] with no depressed level of consciousness	• Withhold Imdelltra until ICANS resolves, then resume Imdelltra at the next scheduled dose[c].	• Administer supportive care
Grade 2	ICE score 3-6[b] and/or mild somnolence awaking to voice	• Withhold Imdelltra until ICANS resolves, then resume Imdelltra at the next scheduled dose[c].	• Administer supportive care. • Administer dexamethasone[d] (or equivalent) 10 mg IV. Can repeat every 6 hours or methylprednisolone 1 mg/kg IV every 12 hours if symptoms worsen.

Table 4. Guidelines for Management of Neurologic Toxicity including Immune Effector Cell-Associated Neurotoxicity Syndrome

ICANS Grade[a]	Defining Symptoms	Imdelltra Dosage Modifications	Management
			• Monitor neurologic symptoms and consider consultation with neurologist and other specialists for further evaluation and management per current practice guidelines. • Monitor patients for 24 hours following the next dose of Imdelltra.
Grade 3	ICE score 0-2[b] and/or depressed level of consciousness awakening only to tactile stimulus and/or any clinical seizure focal or generalized that resolves rapidly or nonconvulsive seizures on EEG that resolve with intervention and/or focal or local edema on neuroimaging	• Withhold Imdelltra until the ICANS resolves, then resume Imdelltra at the next scheduled dose[c]. • If there is no improvement to grade ≤ 1 within 7 days or grade 3 toxicity reoccurs within 7 days of reinitiation, permanently discontinue Imdelltra. • For recurrent grade 3 events, permanently discontinue.	• Recommend intensive monitoring e.g., ICU care. • Consider mechanical ventilation for airway protection. • Dexamethasone[d] (or equivalent) 10 mg IV every 6 hours or methylprednisolone 1 mg/kg IV every 12 hours. • Consider repeat neuroimaging (CT or MRI) every 2-3 days if patient has persistent Grade ≥ 3 neurotoxicity. • Monitor patients for 24 hours following the next dose of Imdelltra.
Grade 4	ICE score 0[b] (patient is unarousable and unable to perform ICE) and/or stupor or coma and/or life-threatening prolonged seizure (> 5 minutes) or repetitive clinical or electrical seizures without return to baseline in between and/or diffuse cerebral edema on neuroimaging, decerebrate or decorticate posturing or papilledema, cranial nerve VI palsy, or Cushing's triad.	• Permanently discontinue Imdelltra.	• ICU care. • Consider mechanical ventilation for airway protection. • High-dose corticosteroids[d] • Consider repeat neuroimaging (CT or MRI) every 2-3 days if patient has persistent Grade ≥ 3 neurotoxicity. • Treat convulsive status epilepticus per institutional guidelines.

[a] Based on American Society for Transplantation and Cellular Therapy (ASTCT) Consensus Grading (2019)
[b] If patient is arousable and able to perform Immune Effector Cell-Associated Encephalopathy (ICE) Assessment, assess: Orientation (oriented to year, month, city, hospital = 4 points); Naming (names 3 objects, e.g., point to clock, pen, button = 3 points); Following commands (e.g., "show me 2 fingers" or "close your eyes and stick out your tongue" = 1 point); Writing

(ability to write a standard sentence = 1 point); and Attention (count backwards from 100 by ten = 1 point). If patient is unarousable and unable to perform ICE Assessment (Grade 4 ICANS) = 0 points.
[c] See Table 2 for recommendations on restarting Imdelltra after dose delays
[d] Taper steroids per standard of care guidelines

Table 5. Recommended Dosage Modifications for Other Adverse Reactions

Adverse Reactions	Severity[b]	Dosage Modification[a]
Cytopenias *(see 7 WARNINGS AND PRECAUTIONS)*	Grade 3 or Grade 4 Neutropenia	Withhold Imdelltra until recovery to ≤ Grade 2. Consider administration of granulocyte colony stimulating factor (G-CSF). Permanently discontinue if recovery to ≤ Grade 2 does not occur within 3 weeks.
	Recurrent Grade 4 Neutropenia	Permanently discontinue Imdelltra
	Febrile neutropenia	Withhold Imdelltra until neutropenia recovers to ≤ Grade 2 and fever resolves.
	Hemoglobin < 8 g/dL	Withhold Imdelltra until hemoglobin is ≥ 8 g/dL.
	Grade 3 or Grade 4 Decreased platelet count	Withhold Imdelltra until platelet count is ≤ Grade 2 and no evidence of bleeding. Permanently discontinue if recovery to ≤ Grade 2 does not occur within 3 weeks.
	Recurrent Grade 4 Decreased platelet count	Permanently discontinue Imdelltra.
Infections *(see 7 WARNINGS AND PRECAUTIONS)*	All Grades	Withhold Imdelltra in the step-up phase in patients until infection resolves.
	Grade 3	Withhold Imdelltra during the treatment phase until infection improves to ≤ Grade 1[a].
	Grade 4	Permanently discontinue Imdelltra.
Hepatotoxicity *(see 7 WARNINGS AND PRECAUTIONS)*	Grade 3 Increased ALT or AST or bilirubin	Withhold Imdelltra until adverse events improve to ≤ Grade 1.
	Grade 4 Increased ALT or AST or bilirubin	Permanently discontinue Imdelltra.

Table 5. Recommended Dosage Modifications for Other Adverse Reactions

Adverse Reactions	Severity[b]	Dosage Modification[a]
	AST or ALT > 3 × ULN with total bilirubin > 2 × ULN in the absence of alternative causes	Permanently discontinue Imdelltra.
Other Adverse Reactions *(see 8 ADVERSE REACTIONS)*	Grade 3 or 4	Withhold Imdelltra until recovery to ≤ Grade 1 or baseline. Consider permanently discontinuing if adverse reaction does not resolve within 28 days. Consider permanent discontinuation for Grade 4 events.

[a] Refer to Table 2 for dose restarting guidance.
[b] Severity based on National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) Version 5.0.

Dosing in Special Populations

Pediatrics (< 18 years of age)

Health Canada has not authorized an indication for pediatric use (see 1.1 Pediatrics).

Geriatrics (≥ 65 years of age)

No dose adjustment is required for geriatric patients.

Hepatic Impairment

Based on the population pharmacokinetic results, no dose adjustment is required in patients with mild hepatic impairment (see 10.3 Pharmacokinetics). Imdelltra has not been studied in patients with moderate or severe hepatic impairment.

Renal Impairment

Based on the population pharmacokinetic results, no dose adjustment is required in patients with mild or moderate renal impairment (see 10.3 Pharmacokinetics). Imdelltra has not been studied in patients with severe impairment.

4.3 Reconstitution

Aseptic preparation

Strictly observe aseptic technique when preparing the solution for infusion since Imdelltra vials do not contain antimicrobial preservatives.

Material Compatibility Information

- IV bags composed of ethyl vinyl acetate (EVA), polyolefin, and polyvinyl chloride (PVC) have been shown to be compatible with tarlatamab at the specified administration conditions.
- IV line and catheter materials composed of polyolefin, PVC, and polyurethane have been shown to be compatible with tarlatamab at the specified administration conditions.

- The use of Closed System Transfer Device (CSTD) is not recommended due to potential risk for medication error. Amgen has not performed compatibility testing of vial adaptor CSTDs with Imdelltra.

Step 1: Reconstitute Imdelltra with Sterile Water for Injection

- **Do NOT use IV Solution Stabilizer (IVSS) for reconstitution of Imdelltra**. The IV Solution Stabilizer is used to coat the intravenous bag prior to addition of reconstituted Imdelltra to prevent adsorption of Imdelltra to IV bags and IV tubing.
- **NOTE:** the final concentrations for the different strength vials are NOT the same following reconstitution.

Table 6. Required amount of Sterile Water for Injection (SWFI) to Reconstitute Imdelltra

Imdelltra Vial* Strength (mg)	Amount of Sterile Water for Injection needed to Reconstitute Imdelltra (mL)	Approximate Available Volume (mL)	Final Concentration (mg / mL)
1	1.3	1.1	0.9
10	4.4	4.2	2.4

* Vial contains overfill to ensure delivery at the stated concentration of labeled vial strength.

Sterile Water for Injection, USP Preservative-Free *(Not Included)* | Imdelltra Vial | Reconstituted Imdelltra

- Transfer required amount of preservative-free Sterile Water for Injection (Refer to **Table 6**) into the Imdelltra vial to provide a final Imdelltra concentration of 0.9 mg/mL (1 mg vial) or 2.4 mg/mL (10 mg vial). Direct Sterile Water for Injection along the walls of the Imdelltra vial and NOT directly on the lyophilized powder. Do NOT use IV Solution Stabilizer to reconstitute Imdelltra.
- Gently swirl contents. Do NOT shake.
- Inspect that the solution is clear to slightly opalescent, colourless to slightly yellow. Do NOT use if solution is cloudy or has particulates.

Preparation of Imdelltra

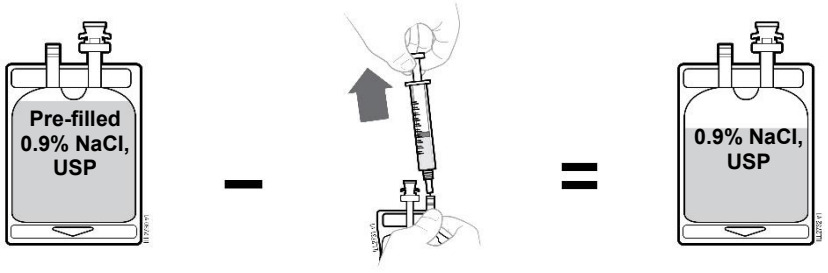
Table 7. Preparation Guide for 1-hour Infusion

Imdelltra Vial[a] Strength* (mg)	Imdelltra Dose (mg)	Volume of 0.9% NaCl to Withdraw from IV Bag (mL)	Volume of IV Solution Stabilizer (IVSS) to Add to IV Bag (mL)	Volume of Reconstituted Imdelltra to Add to IV Bag (mL)
1	1	14	13	1.1
10	10	17	13	4.2

[a] Vial contains overfill to ensure delivery at the stated concentration of labeled vial strength.

NOTE: the final concentrations for the different strength vials are NOT the same following reconstitution.

Step 2: Withdraw 0.9% Sodium Chloride for Injection



250 mL IV Bag

- Withdraw the required volume from a pre-filled 250 mL 0.9% Sodium Chloride bag. Refer to Table 7. Disregard any overfill in the IV bag.

Step 3: Add IV Solution Stabilizer (IVSS) to the infusion bag

Stabilized

- Transfer 13 mL of IVSS into the 250 mL IV bag containing 0.9% Sodium Chloride for Injection.
- Gently mix the contents of the bag to avoid foaming. Do NOT shake.

Step 4: Add Reconstituted Imdelltra into the infusion bag

Stabilized | Reconstituted Imdelltra | Completed 1-Hour Infusion

- Transfer the required volume of reconstituted Imdelltra into the stabilized IV bag containing 0.9% Sodium Chloride for Injection and IVSS. Refer to Table 7.
- Gently mix the contents of the bag to avoid foaming. Do NOT shake.

Step 5: Remove air from the IV bag

Remove air from the IV bag using an empty syringe to avoid foaming.

Step 6: Prime IV tubing

Prime the IV tubing separately with 0.9% Sodium Chloride for Injection OR final prepared product.

4.4 Administration

- Imdelltra should be administered by a healthcare professional with access to appropriate medical support to manage severe reactions, including CRS and neurologic toxicity, including ICANS (see 7 WARNINGS AND PRECAUTIONS).
- Administer recommended concomitant medications for Imdelltra administration during Cycle 1 as presented in Table 8 to reduce the risk of cytokine release syndrome.

Table 8. Recommended Concomitant Medications for Imdelltra Administration for Cycle 1

Treatment Day	Medication	Administration
Day 1 and Day 8	Administer 8 mg of dexamethasone intravenously (or equivalent)	Within 1-hour prior to Imdelltra administration
Day 1, Day 8 and Day 15	Administer 1 liter of normal saline intravenously over 4-5 hours	Immediately after completion of Imdelltra infusion

- The intravenous (IV) catheter for premedication can be used to administer the Imdelltra infusion.
- Flush the IV catheter over 3 – 5 mins using 0.9% Sodium Chloride for Injection.
- Inspect Imdelltra for particulate matter and discolouration prior to administration. See Table 1 for the recommended dosage schedule (see 4.2 Recommended Dose and Dosage Adjustment).
- Administer the reconstituted and diluted Imdelltra as an intravenous infusion over 1 hour at a constant flow rate using an infusion pump. The pump should be programmable, lockable, non-elastomeric, and have an alarm (see 4.3 Reconstitution).

- Table 9 provides the infusion duration and rate.

Table 9. Imdelltra Administration Information

Infusion Duration for 250 mL IV Preparation	Infusion Rate (mL/hour)
1 hour	250

- The empty IV bag and IV tubing should be disposed of in accordance with local requirements.
- See Table 1 for monitoring recommendations following Imdelltra administration (see section 4.2 Recommended Dose and Dosage Adjustment).

4.5 Missed Dose

If a dose of Imdelltra is missed, the appointment should be rescheduled as soon as possible. For dose recommendations following a dosage interruption see Table 2 (section 4.2 Recommended Dose and Dosage Adjustment).

5 OVERDOSAGE

There is no clinical experience with overdose with Imdelltra. In the event of an overdose, monitor the patient for any signs or symptoms of adverse reactions and administer appropriate supportive treatment.

For management of a suspected drug overdose, contact your regional poison control centre.

6 DOSAGE FORMS, STRENGTHS, COMPOSITION AND PACKAGING

To help ensure the traceability of biologic products, health professionals should record both the brand name and the non-proprietary (active ingredient) name as well as other product-specific identifiers such as the Drug Identification Number (DIN) and the batch/lot number of the product supplied.

Table 10. Dosage Forms, Strengths, Composition and Packaging

Route of Administration	Dosage Form / Strength/Composition	Non-medicinal Ingredients
Intravenous	Lyophilized powder for solution, 1 mg and 10 mg per vial	L-glutamic acid, Polysorbate 80, Sodium hydroxide, Sucrose

Imdelltra is supplied as a sterile, single-dose, preservative-free white to slightly yellow, lyophilized powder for reconstitution with a deliverable dose of 1 or 10 mg; it is intended for dilution in an intravenous (IV) bag with IV Solution Stabilizer (IVSS) and 0.9% saline. Refer to Table 10 for the list of non-medicinal ingredients contained in the vial.

IV Solution Stabilizer (IVSS) is supplied as a sterile, preservative-free, colourless-to-slightly yellow, clear solution. The following non-medicinal ingredients are contained in the vial, Citric acid monohydrate, Lysine hydrochloride, Polysorbate 80, Sodium hydroxide, and Water for injection.

Packaging Configurations:

- **1 mg** package includes 1 vial of 1 mg Imdelltra and 2 vials of 7 mL IV Solution Stabilizer.
- **10 mg** package contains 1 vial of 10 mg Imdelltra and 2 vials of 7 mL IV Solution Stabilizer.

7 WARNINGS AND PRECAUTIONS

Please see 3 SERIOUS WARNINGS AND PRECAUTIONS BOX.

Driving and Operating Machinery

Imdelltra may have an influence on the ability to drive or operate machinery. Patients experiencing symptoms that might affect their ability to drive or use machines (e.g., symptoms of ICANS, such as seizures, depressed level of consciousness) should be advised not to drive or use machines in the event of any symptoms until resolved.

Endocrine and Metabolism

Tumour Lysis Syndrome

Tumour Lysis Syndrome (TLS) has been reported in patients receiving Imdelltra (see 8 ADVERSE REACTIONS). Monitoring for signs or symptoms of TLS is particularly important for patients with a high tumor burden, rapidly proliferating tumors, or reduced renal function. Patients at increased risk for TLS are advised to receive adequate hydration and prophylactic treatment with a uric acid-lowering agent. Regular monitoring of blood chemistries is recommended, and any abnormalities should be managed promptly.

Hematologic

Cytopenias

Imdelltra can cause cytopenias including neutropenia, thrombocytopenia, and anemia. In the pooled safety population (see 8 ADVERSE REACTIONS), decreased neutrophils occurred in 14.6% including 7% Grade 3 or 4 of Imdelltra-treated patients. The median time to onset for Grade 3 or 4 neutropenia was 29.5 days (range: 2 to 213). Decreased platelets occurred in 34.2% including 3.8% Grade 3 or 4. The median time to onset for Grade 3 or 4 decreased platelets was 50 days (range: 3 to 420). Decreased hemoglobin occurred in 57.6% including 4.9% Grade 3 or 4. Febrile neutropenia occurred in 0.5% of patients treated with Imdelltra.

Patients should be closely monitored for signs and symptoms of cytopenias. Perform complete blood counts prior to treatment with Imdelltra, before each dose, and as clinically indicated. Based on the severity of cytopenias, temporarily withhold, or permanently discontinue Imdelltra (see 4.2 Recommended Dose and Dosage Adjustment).

Hepatic

Hepatotoxicity

Imdelltra can cause hepatotoxicity.

In the pooled safety population (see 8 ADVERSE REACTIONS), elevated ALT occurred in 42.8% with Grade 3 or 4 ALT elevation occurring in 3.2% of Imdelltra-treated patients. Elevated AST occurred in 44.9% of patients, with Grade 3 or 4 AST elevation occurring in 4.3%. Elevated bilirubin occurred in 15% of patients, with Grade 3 or 4 total bilirubin elevations occurred in 2.1% of patients (see 8 ADVERSE REACTIONS). Liver enzyme elevation can occur with or without concurrent CRS. Monitor liver enzymes and bilirubin prior to treatment with Imdelltra, before each dose, and as clinically

indicated. Withhold Imdelltra or permanently discontinue based on severity (see 4.2 Recommended Dose and Dosage Adjustment).

Immune

Concomitant use of Live Vaccines

The safety of immunization with live and live-attenuated vaccines during or following Imdelltra treatment has not been studied. Vaccination with live and live-attenuated vaccines is not recommended within 4 weeks of the first dose of Imdelltra and 42 days following treatment with Imdelltra.

Cytokine Release Syndrome (CRS)

Imdelltra can cause CRS including serious or life-threatening reactions. Clinical signs and symptoms of CRS may include, but are not limited to, pyrexia, hypotension, tachycardia, headache, hypoxia, nausea, vomiting, and elevated liver enzymes.

In the pooled safety population (see 8 Adverse Reactions), CRS occurred in 55.1% of patients, including Grade 1 in 34.2%, Grade 2 in 19.3%, Grade 3 in 1.1% and Grade 4 in 0.5% of patients. Recurrent CRS occurred in 23% of patients. Fourteen (7.5%) subjects received tocilizumab for treatment of CRS.

Most events (43.3%) occurred after the first dose of Imdelltra with 28.9% of patients experiencing any grade CRS after the second dose and 8.6% of patients experiencing CRS following the third dose or later. Following the Day 1, Day 8 and Day 15 infusions, 16.0%, 4.3% and 1.1% of patients experienced ≥ Grade 2 CRS. The median time to onset of all grade CRS was 15.1 hours (range: 0 to 165 hours) after the most recent dose. The median time to onset of ≥ Grade 2 CRS after the most recent dose of Imdelltra was 13.4 hours (range: 0 to 231 hours).

Administer Imdelltra following the recommended step-up dosing and administer pre-treatment medications before and after Cycle 1 Imdelltra infusions to reduce the risk of CRS (see 4.2 Recommended Dose and Dosage Adjustment). Administer Imdelltra in a health care facility equipped to monitor and manage CRS. Ensure patients are well hydrated prior to initiating Imdelltra.

Closely monitor patients for signs and symptoms of CRS during Imdelltra treatment (see 4.2 Recommended Dose and Dosage Adjustment). At the first sign of CRS, immediately withhold Imdelltra infusion, evaluate the patient for hospitalization and institute supportive care based on severity according to the recommendations in Table 3 (4.2 Recommended Dose and Dosage Adjustment) and consider further management per current practice guidelines. Management of CRS includes but not limited to anti-pyretic agents, intravenous fluid support, vasopressors, corticosteroids, anti-IL-6 or anti-IL-6 receptor medications, supplemental oxygen, and should be administered as appropriate. Laboratory testing to monitor for disseminated intravascular coagulation (DIC), hematology parameters, as well as pulmonary, cardiac, renal and hepatic function should be considered.

Withhold or permanently discontinue Imdelltra based on severity (see 4.2 Recommended Dose and Dosage Adjustment). Counsel patients to seek medical attention should signs or symptoms of CRS occur.

Hypersensitivity

Hypersensitivity reactions, including severe reactions, have been reported in patients treated with Imdelltra. Clinical signs and symptoms of hypersensitivity may include, but are not limited to, rash and bronchospasm. Monitor patients for signs and symptoms of hypersensitivity during treatment with Imdelltra and manage as clinically indicated. Withhold or consider permanent discontinuation of Imdelltra based on severity (see 4.2 Recommended Dose and Dosage Adjustment).

Infections

Imdelltra can cause serious infections including life-threatening and fatal infections.

In the pooled safety population (See 8 ADVERSE REACTIONS), infections including opportunistic infections occurred in 40.6% of patients who received Imdelltra. Grade 3 or 4 infections occurred in 12.3% of patients. The most frequent infections were COVID-19 (8.6%, majority during the COVID-19 pandemic), urinary tract infection (8.6%), pneumonia (8.6%), respiratory tract infection (3.2%), and candida infection (3.2%). Monitor patients for signs and symptoms of infection prior to and during treatment with Imdelltra and treat as clinically indicated. Withhold or permanently discontinue Imdelltra based on severity (see 4.2 Recommended Dose and Dosage Adjustment).

Neurologic

Neurologic toxicity, including Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS)

Imdelltra can cause serious or life-threatening neurologic toxicity, including ICANS.

In the pooled safety population (see 8 ADVERSE REACTIONS), neurologic toxicity including ICANS was reported in 47% of patients with Grade ≥ 3 neurologic toxicities occurring in 10% of patients. The most frequent neurologic toxicities (≥ 2%) were headache (14.4%), peripheral neuropathy (7.5%), taste disorder (5.9%), dizziness (5.3%), insomnia (6.4%), muscular weakness (3.7%), balance disorder (2.7%), amnesia (2.1%) and delirium (2.1%).

ICANS occurred in 3.7% of Imdelltra-treatment patients (see 8 Adverse Reactions). Recurrent ICANS occurred in 1.6% of patients. Most patients experienced ICANS following cycle 2 day 1 (23.8%). Following Day 1, Day 8, and Day 15 infusions, 0.5%, 0.5% and 1.1% of patients experienced ≥ Grade 2 ICANS, respectively.

The median time from the last dose of Imdelltra to the first onset of ICANS was 3 days (range: 1 to 15 days). ICANS can occur several weeks following administration of Imdelltra. The median time to resolution of ICANS was 33 days (range 1 to 93 days). Five (2.7%) subjects received treatment for ICANS including corticosteroids, antiseizure medication and tocilizumab.

The onset of ICANS can be concurrent with CRS, following resolution of CRS, or in the absence of CRS. Clinical signs and symptoms of ICANS may include but are not limited to confusional state, depressed level of consciousness, disorientation, somnolence, lethargy, and bradyphrenia.

Closely monitor patients for signs and symptoms of neurologic toxicity and ICANS during Imdelltra treatment (see 4.2 Recommended Dose and Dosage Adjustment). At the first sign of neurologic toxicity, including ICANS, immediately evaluate the patient and provide supportive therapy based on severity. Withhold Imdelltra or permanently discontinue based on severity per recommendations in Table 4 and consider further management per current practice guidelines. Counsel patients to seek medical attention should signs or symptoms of neurologic toxicity occur.

Reproductive Health: Female and Male Potential

Fertility

There are no clinical studies to evaluate the effect of Imdelltra on fertility (see 16 NON-CLINICAL TOXICOLOGY).

Pregnancy Testing

Verify the pregnancy status of females of reproductive potential prior to initiation of treatment with Imdelltra.

Contraception

Advise females of reproductive potential to use effective contraception during treatment with Imdelltra and for 2 months after the last dose.

7.1 Special Populations

7.1.1 Pregnant Women

There are no available data from the use of tarlatamab in pregnant women. Based on its mechanism of action, Imdelltra may cause fetal harm when administered to a pregnant woman (see 16 NON-CLINICAL TOXICOLOGY). Imdelltra induces T-cell activation and cytokine release; immune activation may compromise pregnancy maintenance. Imdelltra has the potential to be transmitted from the mother to the developing fetus. Advise patients of potential risk of fetal harm. Advise females of reproductive potential to use effective contraception during treatment with Imdelltra and for 2 months after the last dose.

7.1.2 Breast-feeding

There are no available data on whether Imdelltra is secreted in human milk, affects breastfed infants or affects milk production. Because many medicinal products, including antibodies, can be secreted in human milk, a risk to the breastfed child cannot be excluded. The effects of local gastrointestinal exposure and limited systemic exposure in breastfed children to Imdelltra are unknown. Because of the potential for serious adverse reactions in breastfed children, breastfeeding is not recommended during treatment with Imdelltra and for 2 months after the last dose.

7.1.3 Pediatrics

Pediatrics (< 18 years of age): Safety and effectiveness of Imdelltra in pediatric patients have not been established. No data are available to Health Canada; therefore, Health Canada has not authorized an indication for pediatric use.

7.1.4 Geriatrics

Geriatrics (≥ 65 years of age): Of the 187 patients with SCLC who received 10 mg Imdelltra as monotherapy, 54.0% were age 65 or older and 11.8% were 75 years or older. Evidence from clinical studies does not suggest that use in the geriatric population is associated with differences in safety. Clinical studies did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients.

8 ADVERSE REACTIONS

8.1 Adverse Reaction Overview

Extensive-Stage Small Cell Lung Cancer

The pooled safety population described in 7 WARNINGS AND PRECAUTIONS and in this section reflects exposure to Imdelltra, as a single agent, at the recommended dosage of Imdelltra 1 mg on Cycle 1 Day 1 followed by 10 mg on Days 8 and 15, and then 10 mg every 2 weeks until disease progression or intolerable toxicity in 187 patients with SCLC enrolled in the Phase 1 Study DeLLphi-300 and the Phase 2 Study DeLLphi-301. The median duration of exposure to Imdelltra was 15.4 weeks (range: 0.1 to 121.0). Among patients who received Imdelltra, 30.5% were exposed for 6 months or longer and 13.9% were exposed for one year or longer.

The most common (> 20%) adverse reactions were cytokine release syndrome (55.1%), fatigue (50.3%), pyrexia (36.4%), dysgeusia (35.8%), decreased appetite (33.2%), musculoskeletal pain (29.4%), constipation (29.9%), anemia (27.3%) and nausea (22.5%).

The most common (≥ 2%) grade ≥ 3 adverse reactions were lymphopenia (14.4%), anemia, and hyponatremia (6.4% each), fatigue (5.9%), pneumonia (4.3%), asthenia (10.2%), hypertension (3.7%), neutropenia (5.9%), hypoxia and aspartate aminotransferase increased (2.7% each), and decreased appetite and superior vena cava syndrome (2.1% each).

Serious adverse events occurred in 55.6% of patients who received Imdelltra. Serious adverse events in ≥ 2% of patients included cytokine release syndrome (23.5%), pyrexia (3.7%), pneumonia (3.7%), hyponatremia (3.2%), respiratory tract infection (2.1%), ICANS (2.1%) and superior vena cava syndrome (2.1%).

Fatal adverse events occurred in 3.7% of patients who received Imdelltra, including pneumonia (1.1%), aspiration (0.5%), respiratory failure (0.5%), myocardial infarction (0.5%), pulmonary embolism (0.5%), and respiratory acidosis (0.5%).

Permanent discontinuation of Imdelltra due to adverse events occurred in 7.0% of patients. Adverse events which required discontinuation of Imdelltra included cytokine release syndrome (1.1%), tumour lysis syndrome (1.1%), anemia, aspiration, thrombocytopenia, cholestasis, COVID-19 pneumonia, ECOG status abnormal, muscular weakness, malignant spinal cord compression, neurotoxicity, biliary obstruction, hepatic failure, superior vena cava syndrome, and acute kidney injury (0.5% each).

Dosage interruptions of Imdelltra due to an adverse reaction occurred in 30.5% of patients. Adverse reactions which required dosage interruption in ≥ 2% of patients included cytokine release syndrome (3.2%), COVID-19 (3.2%), fatigue (3.7%), and respiratory tract infection (2.1%).

8.2 Clinical Trial Adverse Reactions

Clinical trials are conducted under very specific conditions. The adverse reaction rates observed in the clinical trials; therefore, may not reflect the rates observed in practice and should not be compared to the rates in the clinical trials of another drug. Adverse reaction information from clinical trials may be useful in identifying and approximating rates of adverse drug reactions in real-world use.

Extensive-Stage Small Cell Lung Cancer

The demographic characteristics of patients who received Imdelltra at the recommended dose were: median age 66 years (range: 35 to 82); 65% male; 70% White, 26% Asian, 2.1% Black or African American; and 2.1% Hispanic or Latino.

The adverse reactions occurring at a ≥ 5% incidence in Imdelltra treated patients are summarized in Table 11.

Table 11. Adverse Reactions Occurring at ≥ 5% in Patients with Extensive Stage-SCLC Who received Imdelltra 10 mg in Study DeLLphi-300 and Study DeLLphi-301

Adverse Reaction	Imdelltra (N = 187)	
	All Grades (%)	Grades 3 to 4 (%)
Blood and lymphatic system disorders		
Anemia[a]	27.3	6.4
Lymphopenia[b,c]	15.5	14.4
Neutropenia[d]	14.4	5.9
Thrombocytopenia[b,e]	12.3	2.1
Gastrointestinal disorders		
Constipation	29.9	0.5
Nausea	22.5	1.6
Diarrhea	12.3	0.5
Vomiting[b]	11.8	0.5
Abdominal pain[f]	13.4	0.0
General disorders and administration site conditions		
Fatigue[b,g]	50.3	10.2
Pyrexia	36.4	0.0
Edema[h]	7.0	0.0
Chills	7.0	0.0
Immune system disorders		
Cytokine release syndrome	55.1	1.6
Infections and infestations		
COVID-19[b]	8.6	0.5
Urinary tract infection[b]	8.6	1.1
Pneumonia[b,i]	8.6	4.3
Investigations		
Weight decreased	12.8	1.1
Increased transaminases[j]	16.6	3.7
Lymphocyte count decreased	6.4	6.4
Blood creatinine increased	5.9	0.5
Neutrophil count decreased	5.3	3.2
Metabolism and nutrition disorders		
Decreased appetite	33.2	2.1
Hyponatremia[b]	16.6	6.4
Hypomagnesemia	12.8	0.5
Hypokalemia	12.3	1.6
Hyperglycemia[b]	9.1	1.1

Table 11. Adverse Reactions Occurring at ≥ 5% in Patients with Extensive Stage-SCLC Who received Imdelltra 10 mg in Study DeLLphi-300 and Study DeLLphi-301

Adverse Reaction	Imdelltra (N = 187)	
	All Grades (%)	Grades 3 to 4 (%)
Hypoalbuminemia	7.5	0.0
Hypophosphatemia[b]	5.9	0.5
Musculoskeletal and connective tissue disorders		
Musculoskeletal pain[k]	29.4	1.1
Nervous system disorders		
Dysgeusia[l]	35.8	0.0
Peripheral sensory neuropathy[m]	5.9	0.0
Headache	14.4	0.0
Taste disorder[b]	5.9	0.0
Dizziness	5.3	0.0
Psychiatric disorders		
Confusional state	6.4	1.1
Insomnia	6.4	0.5
Respiratory, thoracic and mediastinal disorders		
Dyspnea[b,n]	17.1	2.1
Cough[o]	16.0	0.0
Productive cough	5.3	0.0
Skin and subcutaneous tissue disorders		
Pruritus	11.2	0.0
Rash[b,p]	7.5	1.1
Vascular disorders		
Hypertension	7.5	3.7
Hypotension	7.5	1.1

Adverse events were coded using MedDRA version 26.1.
Study DeLLphi-300: If relevant information was available, CRS events converted from Lee et al. 2014 to ASTCT 2019. Similarly, all other events converted from CTCAE v4.0 to v5.0.
Study DeLLphi-301: CRS and ICANS events graded using ASTCT 2019. All other events graded using CTCAE v5.0.

[a] Includes anemia and hemoglobin decreased.
[b] Indicates that cytokine release syndrome/adverse events retain their originally assigned Lee et al. 2014/CTCAE version 4.0 grade.
[c] Includes lymphopenia and lymphocyte count decreased.
[d] Includes neutropenia and neutrophil count decreased.
[e] Includes thrombocytopenia and platelet count decreased.
[f] Includes abdominal pain, abdominal pain upper, abdominal pain lower and abdominal discomfort.
[g] Includes fatigue and asthenia.
[h] Includes oedema peripheral, oedema, face oedema, localised oedema and peripheral swelling.
[i] Includes pneumonia, COVID-19 pneumonia, organising pneumonia, lower respiratory tract infection and pneumocystis jirovecii pneumonia.
[j] Includes alanine aminotransferase increased, aspartate aminotransferase increased, hepatic enzyme increased and transaminases increased.

[k] Includes musculoskeletal pain, myalgia, arthralgia, back pain, pain in extremity, neck pain, musculoskeletal chest pain, non-cardiac chest pain, bone pain.

[l] Includes dysgeusia, ageusia and anosmia.

[m] Includes paraesthesia, peripheral sensory neuropathy, hypoesthesia and ageusia.

[n] Includes dyspnea and dyspnea exertional.

[o] Includes cough and productive cough.

[p] Includes rash, rash maculo-papular and rash erythematous.

8.3 Less Common Clinical Trial Adverse Reactions

Adverse reactions occurring at a frequency of < 5% in patients with SCLC were:

Cardiac disorders: sinus tachycardia (3.7%), tachycardia (2.1%), sinus bradycardia (1.6%)

General disorders and administration site conditions: chest pain (4.3%)

Gastrointestinal Disorders: pancreatitis (0.5%)

Injury, poisoning and procedural complications: infusion related reaction (1.1%)

Metabolism and nutrition disorders: tumour lysis syndrome (1.1%)

Musculoskeletal and connective tissue disorders: muscular weakness (3.7%)

Nervous system disorders: immune effector cell-associated neurotoxicity syndrome (3.7%), Guillain-Barré syndrome (0.5%)

Respiratory, thoracic and mediastinal disorders*:* hypoxia (4.3%)

8.4 Abnormal Laboratory Findings: Hematologic, Clinical Chemistry and Other Quantitative Data

Clinical Trial Findings

Table 12 summarizes the laboratory abnormalities experienced in more than 20% of the patients who received the recommended dosage regimen in Study DeLLphi-300 and Study DeLLphi-301.

Table 12. Laboratory Abnormalities (≥ 20%) That Worsened from Baseline in Patients who received Imdelltra in Study DeLLphi-300 and Study DeLLphi-301

		Imdelltra (N = 187)	
Laboratory Abnormalities	**N1**	**All Grades (%)**	**Grades 3 to 4 (%)**
Chemistry			
Decreased - Sodium	187	68.4	16.6
Decreased - Potassium	187	50.3	4.8
Decreased - Albumin	187	47.6	1.1
Increased - Aspartate Aminotransferase	187	44.9	4.3
Increased - Alanine Aminotransferase	187	42.8	3.2
Decreased - Magnesium	187	33.7	2.1
Increased - Creatinine	187	30.5	0.5
Increased - Creatine Kinase 2	164	26.8	1.2

Table 12. Laboratory Abnormalities (≥ 20%) That Worsened from Baseline in Patients who received Imdelltra in Study DeLLphi-300 and Study DeLLphi-301

		Imdelltra (N = 187)	
Laboratory Abnormalities	**N1**	**All Grades (%)**	**Grades 3 to 4 (%)**
Increased - Sodium	187	26.2	0.0
Increased - Alkaline Phosphatase	187	23.0	0.5
Hematology			
Decreased - Lymphocytes	184	85.3	58.2
Decreased - Hemoglobin	184	57.6	4.9
Decreased - White Blood Cells	184	47.8	4.9
Decreased - Platelets	184	34.2	3.8

N1 = number of patients with a baseline and at least one post-baseline assessment for the specific laboratory parameter

9 DRUG INTERACTIONS

9.2 Drug Interactions Overview

No formal drug interaction studies have been conducted with Imdelltra. Imdelltra treatment causes transient release of cytokines that may suppress CYP450 enzymes and may result in increased exposures of concomitant CYP substrates during and up to 14 days after occurrence of cytokine release syndrome. In patients who are receiving concomitant CYP450 substrates, particularly those with a narrow therapeutic index, monitor for known adverse events. Adjust the dose of the concomitant drug as needed.

9.3 Drug-Behavioural Interactions

Drug-behavioural interactions have not been established.

9.4 Drug-Drug Interactions

No formal drug-drug interaction studies have been performed.

9.5 Drug-Food Interactions

Interactions with food have not been established.

9.6 Drug-Herb Interactions

Interactions with herbal products have not been established.

9.7 Drug-Laboratory Test Interactions

Interactions with laboratory tests have not been established.

10 CLINICAL PHARMACOLOGY

10.1 Mechanism of Action

Imdelltra (tarlatamab) is a bispecific DLL3-directed CD3 T-cell engager that binds to DLL3 expressed on the surface of cells, including tumour cells, and CD3 expressed on the surface of T cells. Tarlatamab triggers T-cell activation, production of inflammatory cytokines, and lysis of DLL3-expressing cells.

In non-clinical studies, tarlatamab had anti-tumour activity in mouse models of SCLC.

10.2 Pharmacodynamics

The pharmacodynamic response after a single infusion of tarlatamab was characterized by a transient cytokine elevation.

Serum cytokines:

Transient elevation of serum cytokines IL-2, IL-6, IL-8, IL-10, and IFN-γ were observed at a tarlatamab dosage of 0.3 mg and above. Peak elevation of cytokines was generally observed 24 hours following the initial dose of tarlatamab at 1 mg on Cycle 1 Day 1 and generally returned to baseline levels prior to the next infusion on Cycle 1 Day 8.

Exposure-Response Analyses:

There are no clinically significant exposure-response relationships for efficacy over the exposure range observed between tarlatamab 10 mg and 100 mg (10 times the highest approved recommended dosage).

There is an exposure-response relationship between tarlatamab exposure and neutropenia or neurologic toxicity including ICANS with a higher risk of any grade neutropenia or neurologic toxicity including ICANS at higher exposure.

10.3 Pharmacokinetics

A population analysis that included 420 patients described tarlatamab pharmacokinetics with a two-compartment disposition model with first-order elimination. The exposure of tarlatamab increased dose proportionally in the evaluated dose range of 1 mg to 100 mg every 2 weeks (10 times the highest approved recommended dosage). Approximate steady state in serum tarlatamab exposures were achieved by Cycle 2 Day 15.

The pharmacokinetics of tarlatamab in SCLC patients for the recommended dosage is described below.

Table 13. Summary of Tarlatamab Pharmacokinetic Parameters

	Parameter[a]							
	C_{avg} (ng/mL)	**C_{max}** (ng/mL)	**C_{trough}** (ng/mL)	**AUC_{tau}** (ng*day/mL)	**Clearance** (L/day)	**Volume of distribution at steady state** (L)	**T_{max}**	**$T_{1/2}$** (day)
First step-up dose 1 mg	102 (29%)	285 (41%)	47 (38%)	711 (28.7%)	0.65 (44%)	8.6 (18.3)	At the end of 1 hr IV infusion	11.2 (4.3, 26.5)
First treatment dose 10 mg	1050 (29%)	2900 (41%)	502 (39%)	7370 (29%)				
Steady state 10 mg every 2 weeks	1040 (44%)	3400 (40%)	495 (73%)	14600 (44.5%)				

[a] Parameters are reported as geometric mean (CV%) based on population pharmacokinetic analysis. Terminal elimination half-life ($T_{1/2}$) is reported as median (min, max)

Absorption:

Tarlatamab is administered via the intravenous route and therefore is expected to be immediately and completely bioavailable. Time to reach maximum serum concentrations (T_{max}) occurs at the end of 1 hr infusion after IV administration.

Distribution:

The geometric mean value (CV%) for volume of distribution at steady state is 8.6 L (18.3%).

Metabolism:

The metabolic pathway of tarlatamab has not been characterized. Like other protein therapeutics, tarlatamab is expected to be degraded into small peptides and amino acids via catabolic pathways.

Elimination:

The estimated systemic clearance (inter-subject CV%) was 0.65 L/day (44%) and median terminal elimination half-life (min, max) was approximately 11.2 days (4.3 to 26.5) in subjects with SCLC.

Special Populations and Conditions:

- **Age:** Population PK analysis suggested no clinically meaningful differences in the pharmacokinetics of tarlatamab based on age (32 to 82 years).

  No data are available to Health Canada for pediatric population; therefore, Health Canada has not authorized an indication for pediatric use.

- **Sex:** Population PK analysis suggested no clinically meaningful differences in the pharmacokinetics of tarlatamab based on sex.

- **Ethnic Origin:** Population PK analysis suggested no clinically meaningful differences in the pharmacokinetics of tarlatamab based on race (White and Asian).

- **Hepatic Insufficiency:** Population PK analysis suggested no clinically meaningful differences in the pharmacokinetics of tarlatamab based on mild hepatic impairment (total bilirubin ≤ upper limit of normal (ULN) and AST > ULN). The effects of moderate to severe hepatic impairment (total bilirubin > 1.5 x ULN, any AST) on the pharmacokinetics of tarlatamab are unknown.
- **Renal Insufficiency:** Population PK analysis suggested no clinically meaningful differences in the pharmacokinetics of tarlatamab based on mild or moderate renal impairment (eGFR ≥ 30 mL/min to < 90 mL/min). The effects of severe renal impairment (eGFR 15 to 29 mL/min), end-stage renal disease (eGFR < 15 mL/min) on the pharmacokinetics of tarlatamab are unknown.
- **Body Weight:** Population PK analysis suggested no clinically meaningful differences in the pharmacokinetics of tarlatamab based on bodyweight (35 to 149 kg).

11 STORAGE, STABILITY AND DISPOSAL

Store Imdelltra and IV Solution Stabilizer vials in the original package refrigerated at 2°C to 8°C and protect from light until time of use. Do NOT freeze.

The information in Table 14 indicates the storage time for the prepared Imdelltra infusion bag. Store lyophilized Imdelltra and IV Solution Stabilizer (IVSS) vials for a maximum of 24 hours at room temperature in the original carton to protect from light.

Table 14. Maximum Storage Time

	Room Temperature 20°C to 25°C	Refrigerated 2°C to 8°C
Prepared Imdelltra Infusion Bag	8 hours*	7 days*

*Storage time includes total time permitted from point of reconstitution of the vial to the end of administration. If the prepared Imdelltra infusion bag is not administered within the time frames and temperatures indicated, it must be discarded; it should not be refrigerated again.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

12 SPECIAL HANDLING INSTRUCTIONS

Not Applicable

PART II: SCIENTIFIC INFORMATION

13 PHARMACEUTICAL INFORMATION

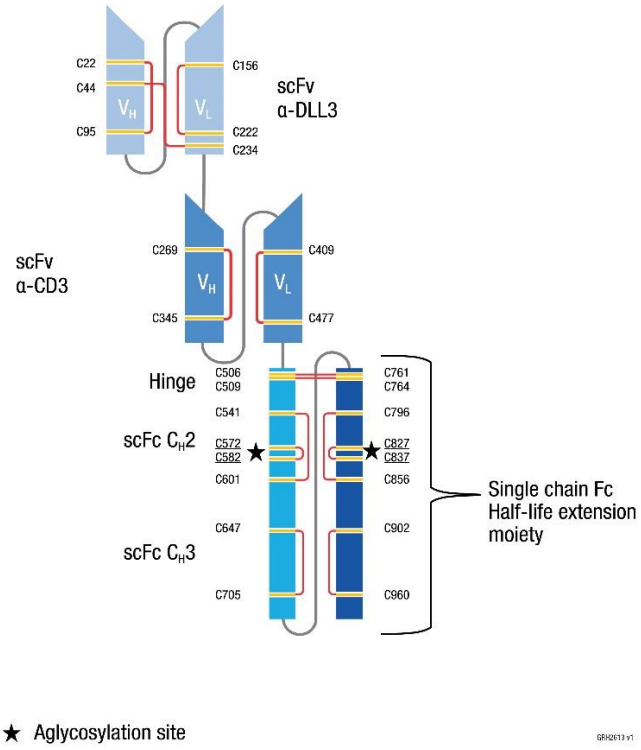
Drug Substance

Proper name: tarlatamab for injection

Molecular formula and molecular mass: IMDELLTRA consists of 982 amino acids and has a molecular weight of approximately 105 kilodaltons.

Structural formula: Imdelltra is a bispecific T-cell engager molecule that selectively binds to DLL3 (expressed on the surface of cells, including tumour cells) and CD3 (expressed on T cells).

The domain structure of tarlatamab is shown in the figure below.



Physicochemical properties: Imdelltra is a sterile, preservative free white to slightly yellow, lyophilized powder in a single dose vial for reconstitution.

Pharmaceutical standard: Professed

Product Characteristics: Imdelltra is produced using recombinant DNA technology in Chinese hamster ovary (CHO) cells.

14 CLINICAL TRIALS

14.1 Clinical Trials by Indication

Extensive-stage Small Cell Lung Cancer (ES-SCLC)

Table 15. Summary of patient demographics in Study DeLLphi-301

Study #	Study design	Dosage, route of administration and duration	Study subjects (n)	Mean age (Range)	Sex n (%)
20200491 (DeLLphi-301)	Phase 2, open-label, multicenter trial, single arm	Patients received an initial dose of 1 mg intravenously on Cycle 1 Day 1 followed by 10 mg on Days 8, 15 and every 2 weeks until disease progression or unacceptable toxicity	99	63.6 years (35 to 82 years)	Male: 71 (71.7) Female: 28 (28.3)

The efficacy of Imdelltra was evaluated in patients enrolled in Study DeLLphi-301, a phase 2, open-label, multicenter trial. Eligible patients were required to have relapsed/refractory SCLC with disease progression after receiving previous treatment including platinum-based chemotherapy and at least one other line of prior therapy, an ECOG Performance Status of 0-1, and at least one measurable lesion as defined by Response Evaluation Criteria in Solid Tumors (RECIST v1.1). The trial excluded patients with symptomatic brain metastases, evidence of interstitial lung disease or non-infectious pneumonitis, an active systemic infection within 7 days prior to the first dose, history of hypophysitis or pituitary dysfunction, hepatitis infection and active immunodeficiency.

A total of 99 patients received Imdelltra intravenously at a step-up dose of 1 mg on Cycle 1 Day 1 followed by 10 mg on Cycle 1 Day 8 and Cycle 1 Day 15 followed by 10 mg every 2 weeks thereafter until disease progression or unacceptable toxicity.

The study population characteristics were: median age was 64 years (range: 35 to 82), 48.5% of patients were 65 years or older; 71.7% male; 57.6% White and 41.4% Asian; 1% Hispanic or Latino; 26.3% ECOG PS of 0 and 73.7% ECOG PS of 1.

Ninety-eight percent of patients had metastatic disease at baseline; 22.2% had a history of brain metastases, 8.1% were never smokers, 73.7% former smokers, and 18.2% current smokers. The median number of prior lines of therapy was 2. All patients received prior platinum therapy, 20.2% received prior topotecan therapy, and 73.7% received prior anti- PD-L1 therapy. Platinum sensitivity status defined as time to progression after first-line platinum therapy was known for 69 (70%) patients. Twenty-seven (27%) patients had platinum-resistant SCLC defined as time to progression < 90 days and 42 patients (42%) had platinum sensitive disease defined as time to progression ≥ 90 days.

The primary efficacy endpoint was the objective response rate (ORR) as assessed by Blinded Independent Central Review (BICR) according to RECIST v1.1. Secondary endpoints included the Duration of Response (DOR). Tumour assessments were performed every 6 weeks for the first 48 weeks and every 12 weeks thereafter.

Study Results

Efficacy results are summarized in Table 16.

Table 16. Efficacy Results for Study DeLLphi-301

Efficacy Parameter	Imdelltra (n = 99)
Objective Response Rate (ORR)	
ORR, % (95% CI)[a]	40.4 (30.7, 50.7)
Complete Response, n%	1 (1.0)
Partial Response, n%	39 (39.4)
Duration of Response (DOR)	
Median (95% CI), months	NR (5.9, NR)

Abbreviations: CI = Confidence Interval, NR = Not reached
[a] Assessed by Blinded Independent Central Review

Of the 69 patients with available data regarding platinum sensitivity status, the ORR was 51.9% (95% CI 31.9, 71.3) in 27 patients with platinum-resistant SCLC and 31.0% (95% CI 17.6, 47.1) in 42 patients with platinum-sensitive SCLC.

The median time to response was 1.4 months (range: 1.1 to 2.8 months). Of the 40 patients who had a response, 57.5% had an observed duration of response ≥ 6 months.

14.3 Immunogenicity

The observed incidence of anti-drug antibodies is highly dependent on the sensitivity and specificity of the assay. Differences in assay methods preclude meaningful comparisons of the incidence of anti-drug antibodies in the studies described below with the incidence of anti-tarlatamab antibodies in other studies, including those of tarlatamab or of other DLL3 T-cell engager products.

In Study DeLLphi-301, of the patients who received the recommended step-up and full dosage of Imdelltra and were evaluable for immunogenicity, 3.2% (4/124) of patients tested positive for anti-tarlatamab antibodies. None of the patients developed neutralizing antibodies based on a cell-based bioassay. Because of the low occurrence of ADA, the effect of these antibodies on pharmacokinetics, pharmacodynamics, safety and efficacy is not known.

15 MICROBIOLOGY

No microbiological information is required for this drug product.

16 NON-CLINICAL TOXICOLOGY

Carcinogenicity: No carcinogenicity studies have been conducted with tarlatamab.

Genotoxicity: No genotoxicity studies have been conducted with tarlatamab.

Reproductive and Developmental Toxicology: There are no available data from the use of tarlatamab in pregnant women.

In an embryo-fetal developmental toxicity study, a murine surrogate of tarlatamab was administered intravenously to pregnant mice during the period of organogenesis. The murine surrogate crossed the placental barrier and did not cause maternal toxicity, embryo-fetal toxicity or teratogenicity.

Impairment of Fertility: No studies have been conducted to evaluate the effects of tarlatamab on fertility.

PATIENT MEDICATION INFORMATION

READ THIS FOR SAFE AND EFFECTIVE USE OF YOUR MEDICINE

Pr IMDELLTRA™

tarlatamab for injection

Read this carefully before you start taking **Imdelltra** and each time you get an injection. This leaflet is a summary and will not tell you everything about this drug. Talk to your healthcare professional about your medical condition and treatment and ask if there is any new information about **Imdelltra**.

Serious Warnings and Precautions

Imdelltra can cause serious side effects that can be severe or life-threatening, including:

- A serious side effect called cytokine release syndrome (CRS), which can be severe or life-threatening, may occur. Symptoms usually include fever (38°C or higher) and chills. Other symptoms of CRS may include shortness of breath, confusion, restlessness, trouble breathing, fast or irregular heartbeat, palpitations, dizziness, headache, nausea and vomiting.
- Serious or life-threatening neurologic problems may occur after taking Imdelltra. Symptoms may include trouble speaking or writing, memory loss, personality changes (encephalopathy), confusion, feeling disoriented or having difficulty thinking clearly (delirium), seizure, loss of balance or coordination (ataxia), weakness or numbness of arms and legs, shakiness of your hands or limbs (tremor), and headache. Some of these may be signs of a serious immune reaction called 'immune effector cell associated neurotoxicity syndrome' (ICANS). These effects can occur days or weeks after you receive the injection and may be subtle at first.

Your healthcare professional will monitor for signs and symptoms of CRS and neurological problems during treatment with Imdelltra. Call your doctor or get emergency help right away if you develop any of these signs and symptoms of CRS or neurologic problems at any time during your treatment with Imdelltra.

What is Imdelltra used for?

Imdelltra is a cancer medicine that contains the active substance "tarlatamab".

"For the following indication Imdelltra has been approved with conditions (NOC/c). This means it has passed Health Canada's review and can be bought and sold in Canada, but the manufacturer has agreed to complete more studies to make sure the drug works the way it should. For more information, talk to your healthcare professional."

Imdelltra is used to treat adults with small cell lung cancer (SCLC):

- that has spread throughout the lungs and/or to other parts of the body, and
- you have received at least two prior treatments including chemotherapy that includes platinum, and it did not work or is no longer working.

What is a Notice of Compliance with Conditions (NOC/c)?

A Notice of Compliance with Conditions (NOC/c) is a type of approval to sell a drug in Canada.

Health Canada only gives an NOC/c to a drug that treats, prevents, or helps identify a serious or life-threatening illness. The drug must show promising proof that it works well, is of high quality, and is reasonably safe. Also, the drug must either respond to a serious medical need in Canada, or be much safer than existing treatments.

Drug makers must agree in writing to clearly state on the label that the drug was given an NOC/c, to complete more testing to make sure the drug works the way it should, to actively monitor the drug's performance after it has been sold, and to report their findings to Health Canada.

How does Imdelltra work?

Imdelltra is a bispecific molecule that binds to DLL3 on the surface of small cell lung tumour cells and also to the surface of T cells (a type of white blood cell). Imdelltra works by attaching to these cells and bringing them together, to help your immune system target the small cell lung cancer cells.

If you have any questions about how Imdelltra works or why this medicine has been prescribed for you, ask your healthcare provider.

What are the ingredients in Imdelltra?

Medicinal ingredients: tarlatamab

Non-medicinal ingredients: L-glutamic acid, Polysorbate 80, Sodium hydroxide, Sucrose

Ingredients in the IV Solution Stabilizer (IVSS), a liquid that will be used by the healthcare professional to prepare your dose of Imdelltra: citric acid monohydrate, lysine hydrochloride, polysorbate 80, sodium hydroxide and water for injection.

Imdelltra comes in the following dosage forms:

Lyophilized powder for solution for intravenous infusion, 1 mg and 10 mg per vial.

Each package contains three vials: one vial of Imdelltra containing 1 or 10 mg powder and two vials of 7 mL IVSS.

Do not use Imdelltra if:

- you are allergic to tarlatamab or to any of the ingredients of Imdelltra. If you are not sure if you allergic, talk to your doctor or nurse before you are given Imdelltra.

To help avoid side effects and ensure proper use, talk to your healthcare professional before you take Imdelltra. Talk about any health conditions or problems you may have, including if you:

- have an infection.
- have or had problems with your nervous system.
- have or had any liver or kidney problems.
- are pregnant or plan to get pregnant.
- are breast-feeding or plan to breast-feed.
- had a recent vaccination or are going to have a vaccination. You should not receive live vaccines from 4 weeks before until 6 weeks after you are treated with Imdelltra.

Imdelltra can cause serious side effects that can be severe or life-threatening.

These side effects include cytokine release syndrome (CRS) and immune effector cell associated neurotoxicity syndrome (ICANS).

Call your doctor or get emergency help right away if you get any of the symptoms listed above in the Serious Warning and Precautions Box. Your doctor may give you medicine to treat your side effects. Your healthcare provider will check for these problems during treatment with Imdelltra.

Other warnings you should know about:

- **Pregnancy, contraception, breastfeeding and fertility**

  The effects of Imdelltra in pregnant women are not known.

  - Imdelltra may harm your unborn baby. Pregnancy must be ruled out before treatment with Imdelltra. Tell your healthcare provider if you are pregnant, think you are pregnant, or if you are planning to become pregnant.
  - Tell your healthcare provider immediately if you become pregnant during treatment with Imdelltra. Women who are able to become pregnant must use birth control during treatment with Imdelltra and for 2 months after your last dose. Talk to your healthcare provider about effective methods of birth control.
  - It is not known whether Imdelltra passes into breast milk. Do not breast-feed during treatment with Imdelltra and for at least 2 months after your last dose.
  - The effects of Imdelltra on male and female fertility are not known.

- **Driving and Using Machines**
  - Do not drive, operate heavy or potentially dangerous machinery and engage in hazardous occupations or activities following Imdelltra infusion in case you develop neurological symptoms (such as dizziness, seizures, sleepiness, confusion, etc.) until you feel better.

Tell your healthcare professional about all the medicines you take, including any drugs, vitamins, minerals, natural supplements or alternative medicines.

The following may interact with Imdelltra:

- It is not known which medications interact with Imdelltra.

How to take Imdelltra:

Imdelltra will be given to you by your healthcare provider by intravenous (IV) infusion into your vein for 1 hour.

Imdelltra will be given on the following schedule: Day 1, Day 8, Day 15 and then every 2 weeks thereafter.

On Cycle Day 1 and Cycle 1 Day 8, you will receive medication (such as corticosteroids) one hour before receiving Imdelltra to help lower the chance of side effects. This will be given to you by IV infusion into your vein.

On Cycle Day 1, Cycle 1 Day 8 and Cycle 1 Day 15 you will receive fluids by IV infusion into your vein after Imdelltra infusion to lower the chance of side effects.

You may also receive these treatments for later doses of Imdelltra based on any symptoms or side effects you have.

Usual dose:

The starting dose of Imdelltra is 1 mg on Day 1 followed by 10 mg on Days 8, 15, and then every 2 weeks thereafter.

Your healthcare provider will determine how long you should stay on Imdelltra.

Your healthcare provider may delay or completely stop treatment with Imdelltra if you have certain side effects.

Your healthcare provider will regularly check your blood counts as the number of blood cells and other blood components may decrease.

Due to the risk of CRS and neurologic problems you will receive the following monitoring during treatment with Imdelltra:

For Day 1 and Day 8 of Cycle 1 doses, your healthcare provider will monitor you for 24 hours from the start of the Imdelltra infusion in an appropriate healthcare setting. You should remain within 1 hour of an appropriate healthcare setting for 48 hours from the start of your Imdelltra infusion on Cycle 1 Day 1, and Cycle 1 Day 8 **and be accompanied by a caregiver**.

For Day 15 of Cycle 1 and Cycle 2 doses, your healthcare provider will watch you for 6 to 8 hours after the Imdelltra infusion.

For Cycle 3 and Cycle 4 doses, your healthcare provider will watch you for 4 hours after the Imdelltra infusion.

For Cycle 5 and later doses, your healthcare provider will watch you for at least 2 hours after the Imdelltra infusion.

Your healthcare provider will monitor you for signs and symptoms of CRS and neurologic problems during treatment with Imdelltra, as well as other side effects, and treat you as needed. You may be hospitalized if you develop signs or symptoms of CRS or neurologic problems during treatment with Imdelltra. Your healthcare provider may temporarily stop or completely stop your treatment with Imdelltra if you develop CRS, neurologic problems, or any other side effects that are severe.

Overdose:

If you think you, or a person you are caring for, have taken too much Imdelltra, contact a healthcare professional, hospital emergency department, or regional poison control centre immediately, even if there are no symptoms.

Missed Dose:

It is very important to go to all of your appointments. If you miss any appointments, call your healthcare professional as soon as possible to reschedule. It is important for you to be monitored closely for side effects during treatment with Imdelltra.

What are possible side effects from using Imdelltra?

These are not all the possible side effects you may have when taking Imdelltra. If you experience any side effects not listed here, tell your healthcare professional.

Very common (may affect more than 1 in 10 people):

- decreased levels of red blood cells (anemia)
- constipation
- diarrhea
- vomiting
- nausea
- fever (pyrexia)
- tiredness (fatigue)
- physical weakness or lack of energy (asthenia)
- decreased levels of white blood cells (neutrophil count decrease)
- decreased appetite
- low level of sodium in blood (hyponatremia)
- bad taste in mouth (dysgeusia)
- dry or wet cough, shortness of breath (dyspnea)

Common (may affect more than 1 in 100 people):

- change in normal activity of nervous system (neurotoxicity)
- shakiness of hands and limbs (tremor)
- confusion (confusional state)
- feeling disoriented (delirium)

Serious side effects and what to do about them			
Symptom / effect	**Talk to your healthcare professional**		**Stop taking drug and get immediate medical help**
	Only if severe	**In all cases**	
VERY COMMON			
Cytokine release syndrome: fever, shortness of breath, confusion, restlessness, trouble breathing, fast or irregular heartbeat, palpitations, dizziness, headache, chills, nausea, vomiting		X	
Infections: fever of 100.4°F (38°C) or higher, cough, chest pain, tiredness, shortness of breath, painful rash, sore throat, pain during urination, feeling weak or generally unwell		X	

Serious side effects and what to do about them			
Symptom / effect	**Talk to your healthcare professional**		**Stop taking drug and get immediate medical help**
	Only if severe	**In all cases**	
COMMON			
Neurological problems, including Immune effector cell-associated neurotoxicity syndrome: trouble speaking or writing, memory loss, personality changes (encephalopathy), confusion, feeling disoriented or having difficulty thinking clearly (delirium), seizure, loss of balance or coordination (ataxia), weakness or numbness of arms and legs, shakiness of your hands or limbs (tremor), headache		X	
Cytopenia (low white blood cell counts, low red blood cell counts and low platelet counts): chills or shivering, feel warm, high body temperature		X	
Tumour lysis syndrome: complications occurring after treatment of a fast-growing cancer leading to a change in certain chemicals in the blood (increase potassium, uric acid, and phosphate and decreased blood levels of calcium), which may cause damage to organs, including the kidneys, heart, and liver		X	
Liver problems: tiredness, loss of appetite, pain in your right upper stomach-area (abdomen), dark urine, yellowing of your skin or the white part of your eyes		X	
VERY RARE			
Allergic reactions: shortness of breath or trouble breathing, pain or tightness in your chest and back, wheezing, coughing, feeling lightheaded or dizzy, rash		X	

If you have a troublesome symptom or side effect that is not listed here or becomes bad enough to interfere with your daily activities, tell your healthcare professional.

Reporting Side Effects

You can report any suspected side effects associated with the use of health products to Health Canada by:

- Visiting the Web page on Adverse Reaction Reporting (https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada.html) for information on how to report online, by mail or by fax; or
- Calling toll-free at 1-866-234-2345.

NOTE: Contact your health professional if you need information about how to manage your side effects. The Canada Vigilance Program does not provide medical advice.

Storage:

Imdelltra will be stored and managed by healthcare professionals. The information below on how to store Imdelltra is meant for your healthcare professional.

Unopened vials:

Store refrigerated (2°C to 8°C).

Keep in the original carton to protect from light. Do NOT freeze.

Prepared solution:

Prepared Imdelltra solution in the IV bag can be stored refrigerated (2°C to 8°C) for up to 7 days, or at room temperature (20°C to 25°C) for up to 8 hours.

Keep out of reach and sight of children.

If you want more information about Imdelltra:

- Talk to your healthcare professional.
- Find the full product monograph that is prepared for healthcare professionals and includes this Patient Medication Information by visiting the Health Canada website: https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-product-database.html; the manufacturer's website: www.amgen.ca, or by calling 1-866-502-6436.

This leaflet was prepared by Amgen Canada Inc.

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