

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Tralokinumab-ldrm (Adbry)

Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as the following:
 - Topical corticosteroids – 8 weeks
 - Topical calcineurin inhibitors – 6 weeks
 - Phototherapy – 8 weeks
 - Atopic dermatitis systemic medications – 6 weeks
- Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **tralokinumab-ldrm (Adbry)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of moderate to severe atopic dermatitis
 - Patient has tried and failed an adequate trial[^] of, or patient has an allergy or intolerance to the following medications
 - At least 1 medium to super-potent/ultrahigh potency topical corticosteroid
 - At least 1 topical calcineurin inhibitor
 - Patient has tried and failed narrow-band ultraviolet B (NB-UVB) phototherapy (unless documented by prescriber phototherapy not appropriate)
 - Patient has tried and failed an adequate trial[^] of, or patient has an allergy or intolerance to at least 1 of the following systemic medications (or contraindication to all)
 - Azathioprine
 - Cyclosporine
 - Methotrexate
 - Mycophenolate
 - Patient is NOT currently taking dupilumab (Dupixent), mepolizumab (Nucala), reslizumab (Cinqair), benralizumab (Fasenra), tezepelumab-ekko (Tezspire), or omalizumab (Xolair)
 - Patient is NOT currently on a Janus kinase inhibitor (oral or topical) for atopic dermatitis

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Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary **tralokinumab-ldrm (Adbry)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of moderate to severe atopic dermatitis
 - Patient has responded to tralokinumab-ldrm treatment as determined by prescriber
 - Patient is NOT currently taking dupilumab (Dupixent), mepolizumab (Nucala), reslizumab (Cinqair), benralizumab (Fasenra), tezepelumab-ekko (Tezspire), or omalizumab (Xolair)
 - Patient is NOT currently on a Janus kinase inhibitor (oral or topical) for atopic dermatitis