

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: 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 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 failed an adequate trial^ of 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), omalizumab (Xolair), nemolizumab-ilto (Nemluvio), or lebrikizumab-lbkz (Ebglyss)
 - Patient is NOT currently on a Janus kinase inhibitor (oral or topical) for atopic dermatitis

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **tralokinumab-**

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All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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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 failed a trial of, or patient has an allergy or intolerance* to the following medications OR documentation from dermatologist that these medications are not appropriate based on patient's disease severity
 - At least 1 medium to super-potent/ultrahigh potency topical corticosteroid
 - At least 1 topical calcineurin inhibitor
 - Patient has failed a trial of narrow-band ultraviolet B (NB-UVB) phototherapy (unless documented by prescriber phototherapy not appropriate)
 - Patient has failed a trial of, or patient has an allergy or intolerance* to at least 1 of the following systemic medications (or contraindication to all) OR documentation from dermatologist that these medications are not appropriate based on patient's disease severity
 - Azathioprine
 - Cyclosporine
 - Methotrexate
 - Mycophenolate
 - Patient is NOT currently taking dupilumab (Dupixent), mepolizumab (Nucala), reslizumab (Cinqair), benralizumab (Fasenra), tezepelumab-ekko (Tezspire), omalizumab (Xolair), nemolizumab-ilto (Nemluvio), or lebrikizumab-lbkz (Ebglyss)
 - Patient is NOT currently on a Janus kinase inhibitor (oral or topical) for atopic dermatitis

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), omalizumab (Xolair), nemolizumab-ilto (Nemluvio), or lebrikizumab-lbkz (Ebglyss)

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- Patient is NOT currently on a Janus kinase inhibitor (oral or topical) for atopic dermatitis