



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	07/08/2022

## **ADBRY™ (tralokinumab-ldrm)**

**LENGTH OF AUTHORIZATION:** Initial: 6 months  
Continuation: 1 Year

### **REVIEW CRITERIA:**

- Patient must be  $\geq$  18 years of age.
- Patient must have a diagnosis of moderate-to-severe atopic dermatitis (AD).
- Patient has had a trial of at least one preferred medium to very-high potency topical corticosteroid and experienced inadequate response or intolerance; **AND**
- Patients has had a trial of at least one preferred topical calcineurin inhibitor (Elidel, Protopic) and experienced inadequate response or intolerance.
- Adbry will not be used in combination with other monoclonal antibody biologics (e.g., tezepelumab, omalizumab, mepolizumab, reslizumab, benralizumab, dupilumab).

### **CONTINUATION OF THERAPY**

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response (clinical reduction in pruritus and flares); **AND**
- Patient has NOT experienced serious treatment-related adverse events (e.g., serious infection, conjunctivitis, keratitis, eosinophilia); **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

### **DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 150 mg/mL solution in a single-dose prefilled syringe.