Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	07/08/2022 February 8, 2024; March 18, 2025

ADBRY® (tralokinumab-ldrm)

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

REVIEW CRITERIA:

- Patient must be ≥ 12 years of age; **AND**
- Patient must have a diagnosis of moderate-to-severe atopic dermatitis (AD); **AND**
- 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; **AND**
- 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 and 300 mg/2 mL solution in a single-dose autoinjector