

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 29, 2025 October 1, 2025

Ebglyss™ (lebrikizumab-lbkz)

LENGTH OF AUTHORIZATION: Initial: 16 weeks
Continuation of Therapy: 1 year

REVIEW CRITERIA:

- Patient must be ≥ 12 years of age; **AND**
- Patient must have a **documented** diagnosis atopic dermatitis; **AND**
- Patient has had a trial of at least one preferred medium to very-high potency topical steroid and experienced inadequate response or intolerance (*documentation required*); **AND**
- Patient has had a trial of at least one preferred topical calcineurin inhibitor and experienced inadequate response or intolerance (*documentation required*).

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Treatment with Ebglyss has resulted in clinical improvement documented in the progress notes (e.g. clinical reduction in pruritus and flares); **AND**
- After 16 weeks of treatment, evaluate if adequate clinical response has been achieved with the potential to initiate maintenance dosage of 250 mg subcutaneously every 4 weeks; **OR**
- If adequate clinical response has not been achieved, provider’s treatment plan should follow Ebglyss FDA dosing guidelines.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 250 mg/2 mL in a single-dose prefilled pen and 250 mg/2 mL in a single-dose prefilled syringe with needle shield.