

Adbry® (tralokinumab-ldrm)
Effective 10/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Adbry is FDA approved for the treatment of moderate-to-severe atopic dermatitis in adult patients whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Adbry can be used with or without topical corticosteroids.

Coverage Guidelines

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Adbry, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Member is 18 years of age or older
2. Documented diagnosis of moderate to severe atopic dermatitis
3. Provider documents affected body surface is greater than or equal to 10% body surface area OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
4. Provider documents ONE of the following:
 - a. Inadequate response to treatment with a medium to super-high potency topical corticosteroid (See Appendix) within the past year
 - b. Topical calcineurin inhibitor in the past year
 - c. Topical corticosteroids and topical calcineurin inhibitors are not advisable for the member
5. Member will not use Adbry concomitantly with other biologics or JAK inhibitors indicated for atopic dermatitis

Continuation of Therapy

Reauthorizations requires physician attestation of continuation of therapy and the following criteria:

1. Member has achieved or maintained a positive clinical response with Adbry therapy evidenced by low disease activity (i.e., clear or almost clear skin), or improvement in signs and symptoms of atopic dermatitis (e.g., redness, itching, oozing/crusting).
2. Member will not use Adbry concomitantly with other biologics or JAK inhibitors indicated for atopic dermatitis

Limitations

1. Initial approvals will be granted for 4 months
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:

Adbry 150mg/mL	4 injections per 28 days
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Appendix

Appendix: Relative potency of select topical corticosteroid products

Potency	Drug	Dosage form	Strength
Super-high potency	Augmented betamethasone dipropionate	Ointment, Lotion, Gel	0.05%
	Clobetasol propionate	Cream, Gel, Ointment, Solution, Cream (emollient), Lotion, Shampoo, Foam, Spray	0.05%
	Fluocinonide	Cream	0.1%
	Flurandrenolide	Tape	4 mcg/cm ²
	Halobetasol propionate	Cream, Lotion, Ointment, Foam	0.05%
High potency	Amcinonide	Ointment	0.1%
	Augmented betamethasone dipropionate	Cream	0.05%
	Betamethasone dipropionate	Ointment	0.05%
	Clobetasol propionate	Cream	0.025%
	Desoximetasone	Cream, Ointment, Spray	0.25%
		Gel	0.05%
	Diflorasone diacetate	Ointment, Cream (emollient)	0.05%
	Fluocinonide	Cream, Ointment, Gel, Solution	0.05%
	Halcinonide	Cream, Ointment	0.1%
Halobetasol propionate	Lotion	0.01%	
High potency	Amcinonide	Cream, Lotion	0.1%
	Betamethasone dipropionate	Cream, hydrophilic emollient	0.05%
	Betamethasone valerate	Ointment	0.1%
		Foam	0.12%
	Desoximetasone	Cream, Ointment	0.05%
	Diflorasone diacetate	Cream	0.05%
	Fluocinonide	Cream, aqueous emollient	0.05%
	Fluticasone propionate	Ointment	0.005%
	Mometasone furoate	Ointment	0.1%
Triamcinolone acetonide	Cream, Ointment	0.5%	



Potency	Drug	Dosage form	Strength
Medium potency	Betamethasone dipropionate	Spray	0.05%
	Clocortolone pivalate	Cream	0.1%
	Fluocinolone acetonide	Ointment	0.025%
	Flurandrenolide	Ointment	0.05%
	Hydrocortisone valerate	Ointment	0.2%
	Mometasone furoate	Cream, Lotion, Solution	0.1%
	Triamcinolone acetonide	Cream	0.1%
		Ointment	0.05% and 0.1%
		Aerosol Spray	0.2 mg per 2-second spray

References

1. Adbry [package insert]. Madison, NJ: LEO Pharma Inc.; December 2021.

Review History

06/22/2022 – Created and reviewed for June P&T. Effective 10/01/2022.

