

**Adbry (tralokinumab-ldrm)**  
**Effective 4/1/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

**Overview**

Adbry (tralokinumab-ldrm) is an interleukin-13 antagonist indicated for the treatment of moderate-to-severe atopic dermatitis in adults and pediatric patients 12 years of age and older 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 granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, 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:

1. The member has a diagnosis of moderate to severe atopic dermatitis
2. Member is 12 years of age or older
3. 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. Member has had a trial and failure of a minimum 30-day supply (14-day supply for topical corticosteroids), intolerance, or contraindication to at least ONE of the following:
  - a. Medium or higher potency topical corticosteroid (see Appendix)
  - b. Pimecrolimus cream
  - c. Tacrolimus ointment
  - d. Eucrisa

**Continuation of Therapy**

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation has been submitted supporting clinical improvement in member's condition as 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).

**Limitations**

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 12 months

3. The following quantity limits apply:

Drug Name	Quantity Limits
Adbry 150mg/mL	4 injections per 28 days
Adbry 300 mg/mL	2 injections per 28 days

## 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 <sup>2</sup>
	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%
High potency	Halobetasol propionate	Lotion	0.01%
	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%
Medium potency	Mometasone furoate	Ointment	0.1%
	Triamcinolone acetonide	Cream, Ointment	0.5%
	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%



Potency	Drug	Dosage form	Strength
	Triamcinolone acetonide	Cream	0.1%
		Ointment	0.05% and 0.1%
		Aerosol Spray	0.2 mg per 2-second spray

## References

1. Adbry (tralokinumab-Idrm) [prescribing information]. Madison, NJ: LEO Pharma Inc.; June 2024.

## Review History

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

09/11/2024 – Reviewed and Updated at September P&T. Updated age requirement from 18 years of age to 12 years of age. Streamlined step through requirements. Added quantity limit for 300 mg/mL strength to the policy. Effective 11/1/2024.

1/8/2025 – Reviewed and updated for January P&T. Updated topical step through requirements to include Eucrisa and added minimal trial length. Updated reauthorization criteria to require documentation of clinical response to therapy. Effective 4/1/2025.

03/12/2025 – Reviewed and updated for March P&T. Updated initial approval length to 6 months. Effective 4/1/2025.

