

**Ebglyss (lebrikizumab-lbkz)**  
**Effective 07/01/2025**

<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**

Ebglyss (lebrikizumab-lbkz) is an interleukin-13 antagonist indicated for the treatment of adults and pediatric patients 12 years of age and older who weigh at least 40 kilograms with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Ebglyss 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 when all of the following criteria are met:

1. Diagnosis of moderate to severe atopic dermatitis
2. Member is at least 12 years of age
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 trial and failure of a minimum 30-day supply (14-day supply for topical steroids), 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 (crisaborole) ointment

**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 (e.g., clear or almost clear skin), or improvement in signs and symptoms of atopic dermatitis (e.g., redness, itching, oozing/crusting).

**Limitations**

1. Initial requests will be approved for 6 months.
2. Reauthorization requests will be approved for 12 months.

3. The following quantity limitations apply:

Drug Name and Dosage Form	Quantity Limitation
Ebglyss 250 mg prefilled syringe	2 syringes per 28 days
Ebglyss 250 mg prefilled pen	2 pens 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%



Potency	Drug	Dosage form	Strength
	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. Atlas SJ, Brouwer E, Fox G, et al. JAK inhibitors and monoclonal antibodies for the treatment of atopic dermatitis: effectiveness and value. Institute for Clinical and Economic Review. April 2021. Accessed October 2024. <https://icer.org/assessment/atopic-dermatitis-2021/#timeline>
2. Blauvelt A, Thyssen JP, Guttman-Yassky E, et al. Efficacy and safety of lebrikizumab in moderate-to-severe atopic dermatitis: 52-week results of two randomized double-blinded placebo-controlled phase III trials. *Br J Dermatol.* 2023;188(6):740-748. doi:10.1093/bjd/bjad022
3. Chu DK, Golden DBK, Guyatt GH. Translating evidence to optimize patient care using GRADE. *J Allergy Clin Immunol Pract.* 2021;9(12):4221-4230. doi:10.1016/j.jaip.2021.09.035
4. Chu DK, Schneider L, Asinewasis RN et al; AAAAI/ACAAI JTF Atopic Dermatitis Guideline Panel. Atopic dermatitis (eczema) guidelines: 2023 American Academy of Allergy, Asthma and Immunology/American College of Allergy, Asthma and Immunology Joint Task Force on Practice Parameters GRADE- and Institute of Medicine-based recommendations. *Ann Allergy Asthma Immunol.* 2024;132(3):274-312. doi:10.1016/j.anai.2023.11.009
5. Chu AWL, Wong MM, Rayner DG, et al. Systemic treatments for atopic dermatitis (eczema): Systematic review and network meta-analysis of randomized trials. *J Allergy Clin Immunol.* 2023;152(6):1470-1492. doi:10.1016/j.jaci.2023.08.029
6. Davis DMR, Drucker AM, Alikhan A, et al. Guidelines of care for the management of atopic dermatitis in adults with phototherapy and systemic therapies. *J Am Acad Dermatol.* 2024;90(2):e43-e56. doi:10.1016/j.jaad.2023.08.102
7. Drucker AM, Lam M, Prieto-Merino D, et al. Systemic immunomodulatory treatments for atopic dermatitis: living systematic review and network meta-analysis update. *JAMA Dermatol.* 2024;160(9):936-944. doi:10.1001/jamadermatol.2024.2192
8. Ebglyss (lebrikizumab-lbkz) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; November 2024.
9. Langan SM, Irvine AD, Weidinger S. Atopic dermatitis. *Lancet.* 2020; (10247):345-360. doi:10.1016/S0140-6736(20)31286-1.
10. Paller AS, Flohr C, Eichenfield LF, et al. Safety and efficacy of lebrikizumab in adolescent patients with moderate-to-severe atopic dermatitis: A 52-week, open-label, phase 3 study. *Dermatol Ther (Heidelb).* 2023[b];13(7):1517-1534. doi:10.1007/s13555-023-00942-y
11. Silverberg JI, Guttman-Yassky E, Thaçi D, et al. Two phase 3 trials of lebrikizumab for moderate-to-severe atopic dermatitis. *N Engl J Med.* 2023;388(12):1080-1091. doi:10.1056/NEJMoa2206714



12. Simpson EL, Gooderham M, Wollenberg A, et al. Efficacy and safety of lebrikizumab in combination with topical corticosteroids in adolescents and adults with moderate-to-severe atopic dermatitis: a randomized clinical trial (ADhere). *JAMA Dermatol.* 2023;159(2):182-191. doi:10.1001/jamadermatol.2022.5534
13. Ständer S. Atopic dermatitis. *N Engl J Med.* 2021;384:1136-43. doi: 10.1056/NEJMra202391

#### **Review History**

04/09/2025 – Created and reviewed at April P&T. Effective 07/01/2025.

06/11/2025 – Reviewed and Updated at June P&T. Updated quantity limitations. Effective 07/01/2025.

