

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

|                              |  |  |  |  |
|------------------------------|--|--|--|--|
| <b>Plan</b>                  | <input type="checkbox"/> MassHealth UPPL<br><input checked="" type="checkbox"/> Commercial/Exchange  |  | <b>Program Type</b>                        | <input checked="" type="checkbox"/> Prior Authorization                          |
| <b>Benefit</b>               | <input checked="" type="checkbox"/> Pharmacy Benefit<br><input type="checkbox"/> Medical Benefit     |  |  | <input type="checkbox"/> Quantity Limit<br><input type="checkbox"/> Step Therapy |
| <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><br><b>Pharmacy Benefit</b>  |  | Phone: 833-895-2611<br>Phone: 800-711-4555 | Fax: 888-656-6671<br>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%                |
|                    | Mometasone furoate                   | Ointment  | 0.1%                  |
| Medium potency     | 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

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#### **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.

