Tralokinumab-ldrm

Included Products: Adbry (tralokinumab-ldrm)

Created: 05/12/2022 *Revised:* 01/12/2023 *Reviewed:* 09/14/2023 *Updated:* 10/01/2023

Atopic Dermatitis

Initial Criteria		If yes	If no
1.	Does the member have chronic, moderate to severe Atopic Dermatitis with functional impairment and one or more of the following: a. At least 10% body surface area involved b. Hand, foot, face, or mucous membrane involvement	Continue to #4.	Continue to #2.
2.	Is the request for atopic dermatitis in a member under the age of 21?	Continue to #3.	Do not approve. Atopic dermatitis without functional impairment and hand, foot, face, or mucous membrane involvement or affecting less than 10% of body surface area is not covered for treatment by the Oregon Health Plan.
3.	Is it medically necessary or medically appropriate to treat the atopic dermatitis due to contributing factors to a comorbid condition or impact on growth, learning, or development?	Continue to #4.	Do not approve based on medical necessity or appropriateness.
4.	Has the member failed topical steroids, UVB phototherapy, and topical tacrolimus (requires a prior authorization)?	Continue to #5.	Do not approve.

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5.	Has the member failed two of the following? a. Cyclosporine b. Azathioprine c. Methotrexate d. Mycophenolate	Continue to #6.	Do not approve
6.	Approve for 4 months		
Renewal Criteria		**If yes**	**If no**
1.	Has the member experienced a 50% reduction in eczema and/or is there evidence of significant functional improvement?	Continue to #2.	Do not approve
2.	Approve for 12 months		

Quantity Limits

Atopic Dermatitis:

- **Month 1:**
  - » QL 0.22 mL/day (allows for 600 mg once followed by 300 mg every other week)Exceptions:
- **Subsequent months:**
  - » QL 0.15 mL/day (maintenance dose of 300 mg every other week)