

Adbry (tralokinumab-ldrm) and Dupixent (dupilumab) Criteria

Revised: 09/17/2024

ADBRY (TRALOKINUMAB-LDRM) AND DUPIXENT (DUPIBUMAB) FOR ATOPIC DERMATITIS

Length of Authorization: Initial – 6 months
Renewal – 1 year

CHILDREN – CRITERIA TO APPROVE

All the following:

- Diagnosis of moderate to severe atopic dermatitis
- **One** of the following age requirement:
 - Dupixent: 6 months of age or older
 - Adbry: 12 years of age or older
- Prescriber is a specialist (i.e., allergist, immunologist, or dermatologist) or consult notes from a specialist are provided
- Inadequate response, adverse reaction, or contraindication to a high or very high potency topical corticosteroid (TCS); **AND**
- Inadequate response, adverse reaction, or contraindication to **one** of the following:
 - Topical Calcineurin Inhibitors (TCI)
 - Generic Immunosuppressant (IS)
 - Oral corticosteroid (OCS)
 - Phototherapy (PT)
 - Phosphodiesterase-4 inhibitor (PDE-4)
 - Topical Janus kinase inhibitor (JAK)

ADULTS – CRITERIA TO APPROVE

All the following:

- Diagnosis of moderate to severe atopic dermatitis
- 18 years of age or older
- Prescriber is a specialist (i.e., allergist, immunologist, or dermatologist) or consult notes from a specialist are provided
- Inadequate response, adverse reaction, or contraindication to a high or very high potency topical corticosteroid (TCS); **AND**
- Inadequate response, adverse reaction, or contraindication to **one** of the following:
 - Topical Calcineurin Inhibitors (TCI)
 - Generic Immunosuppressant (IS)
 - Oral corticosteroid (OCS)
 - Phototherapy (PT)

- Phosphodiesterase-4 inhibitor (PDE-4)
- Topical Janus kinase inhibitor (JAK)

ADULTS – RENEWAL CRITERIA (ADULTS AND CHILDREN)

All the following:

- Member is responding well to therapy.
- Patient has not experienced any treatment-restricting adverse effects.

REVISION HISTORY

Date	Issues/Updates
08/20/2024	• Initial draft creation
09/12/2024	• Renewal criteria revision to include children