

Policy Type: PA/SP

Length of Authorization

- Initial: Six months
- Renewal: 12 months

Quantity Limits

Product Name	Dosage Form	Indication	Quantity Limit
tralokinumab (Adbry)	150 mg/mL prefilled syringe	Moderate-to-Severe Atopic Dermatitis	Adult
			First Month: 6 mL (6 syringes)/28 days Maintenance: 4 mL (4 syringes)/28 days*
	300 mg/2mL single dose autoinjector pen		First Month: 6 mL (3 autoinjectors)/28 days Maintenance: 4 mL (2 autoinjectors)/28 days*
	150 mg/mL prefilled syringe		Pediatric (12 to 17 years old)
			First Month: 4 mL (4 syringes)/28 days Maintenance: 2 mL (2 syringes)/28 days
	300 mg/2mL single dose autoinjector pen		First Month: 4 mL (2 autoinjectors)/28 days Maintenance: 2 mL (1 autoinjector)/28 days

*300 mg (2 syringes)/28 days may be considered for patients under 100 kg who achieve clear skin

Additional Notes:

- Therapy should not be used in combination with other biologic or specialty medications used for this condition (e.g., Dupixent, Rinvoq, Olumiant, abrocitinib). If a prior authorization for tralokinumab is approved, any open prior authorizations for those therapies should be closed.
- Underdosing may be appropriate for certain patients that achieve clear or almost clear skin. The prescribing information indicates that patients under 100 kg may trial 300 mg (2 syringes) every 28 days after 16 weeks of treatment if adequate efficacy is achieved; however, these are not stringent requirements, and underdosing can be considered in other circumstances that are clinically appropriate.