

Kaiser Foundation Health Plan of Washington
 Kaiser Foundation Health Plan of Washington Options, Inc.
 CONTRACT MANAGER NAME
 Provider Communications, RCB-C2W-02
 PO Box 34262, Seattle WA 98124-1262

DECEMBER 23, 2022

TRALOKINUMAB-LDRM (ADBRY) UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Tralokinumab-ldrm (Adbry) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective March 1, 2023**, the criteria for tralokinumab-ldrm (Adbry) will be updated to include a quantity limit. This letter is a notification of the change in prior authorization criteria required before administering this medication under the medical benefit.

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) requires prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician’s office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee’s evidence-based criteria for coverage.

Prior Authorization Criteria for tralokinumab-ldrm (Adbry) (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
TRALOKINUMAB-LDRM	<p>For patients ≥18 years of age with moderate or severe atopic dermatitis who meet all of the following criteria:</p> <ul style="list-style-type: none"> • Prescribed by or in consultation with an Allergist or Dermatologist. • Trial and failure of a high potency topical corticosteroid • Trial and failure of at least one of the following*: <ul style="list-style-type: none"> • Narrow Band UVB (NBUVB) phototherapy (preferred) • Mycophenolate • Methotrexate • Azathioprine • Trial and failure of treatment with dupilumab <p>*Note: cyclosporine may count as one of the requisite therapies but should not be required.</p> <p>Quantity Limit: 600 mg (four 150 mg injections), followed by 300 mg (two 150 mg subcutaneous injections) administered every other week</p>

Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject>.

To request prior authorization review, please use the Referral Request online form located on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice>. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,

A handwritten signature in black ink that reads "Peter Barkett MD". The signature is written in a cursive style with a large initial "P" and a distinct "B".

Peter Barkett, MD, Chair
Pharmacy & Therapeutics Committee