

Kaiser Foundation Health Plan of Washington
 Kaiser Foundation Health Plan of Washington Options, Inc.
 Provider Communications, RCR-A3W-04
 PO Box 34262, Seattle WA 98124-1262

March 31, 2025

TRALOKINUMAB-LDRM (ADBRY) NOT COVERED UNDER THE MEDICAL BENEFIT

Dear Provider,

Effective June 1, 2025, Tralokinumab-ldrm (Adbry) will **NOT** be covered under the medical benefit. **This letter is a notification of the upcoming change in coverage for this medication under the medical benefit.** Pharmacy benefit coverage remains available for members who meet prior authorization criteria.

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.

BRAND NAME	GENERIC NAME	HCPCS
Adbry	Tralokinumab-ldrm	Unspecified J3490, J3590

Prior Authorization Criteria for Adbry (changes in bold):

DRUG NAME	COVERAGE CRITERIA
TRALOKINUMAB-LDRM	<p>Considered a self-administered medication for outpatient use. Not covered under the medical benefit (hospital, clinic, or home infusion). May be covered under the pharmacy benefit. Exceptions to self-administration may be considered based on the following:</p> <ul style="list-style-type: none"> • First dose for new starts to allow for self-administration training OR • Documentation of impaired manual dexterity, impaired vision, or inability to safely self-administer • MUST meet clinical criteria below (refer to pharmacy benefit) <p>Quantity Limit: Limited to 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 (login required) located on the Kaiser Permanente provider website. 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, appearing to read "R. Ubriani". The signature is fluid and cursive, with a large initial "R" and a long, sweeping underline.

Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee