

EBGLYSS
(lebrikizumab-lbkz)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

Moderate-to-severe atopic dermatitis (eczema)

AND ALL of the following:

1. Weight \geq 40 kg
2. Inadequate treatment response, intolerance, or contraindication to **ONE** medication in **EACH** of the following categories:
 - a. 18 years of age or older:
 - i. Topical calcineurin inhibitor (see Appendix 1)
 - ii. **High** potency topical corticosteroid (see Appendix 2)
 - b. 12 to 17 years of age:
 - i. Topical calcineurin inhibitor (see Appendix 1)
 - ii. Topical corticosteroid (see Appendix 2)
3. **NOT** used in combination with another non-topical Prior Authorization (PA) medication for atopic dermatitis (see Appendix 3)
4. **NOT** given concurrently with live vaccines

Prior - Approval Limits

Quantity 10 pens or syringes

Duration 16 weeks

Prior – Approval *Renewal* Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:



**BlueCross
BlueShield**

Federal Employee Program.

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Atopic dermatitis (eczema)

AND ALL of the following:

1. Weight \geq 40 kg
2. Condition has improved or stabilized
3. **NOT** used in combination with another non-topical Prior Authorization (PA) medication for atopic dermatitis (see Appendix 3)
4. **NOT** given concurrently with live vaccines

Prior - Approval *Renewal* Limits

Quantity 3 pens or syringes per 84 days

Duration 12 months



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Appendix 1

Relative Potency of Topical Calcineurin Inhibitors		
Drug	Dosage Form	Strength
<i>Medium Potency</i>		
Tacrolimus	Ointment	0.1%
<i>Low Potency</i>		
Tacrolimus	Ointment	0.03%
Pimecrolimus	Cream	1%

Appendix 2

Relative Potency of Selected Topical Corticosteroids		
Drug	Dosage Form	Strength
<i>Very high Potency</i>		
Augmented betamethasone dipropionate	Ointment, Gel	0.05%
Clobetasol propionate	Cream, Ointment	0.05%
Diflorasone diacetate	Ointment	0.05%
Halobetasol propionate	Cream, Ointment	0.05%
<i>High Potency</i>		
Amcinonide	Cream, Lotion,	0.1%
Augmented betamethasone dipropionate	Cream, Lotion	0.05%
Betamethasone dipropionate	Cream, Ointment	0.05%
Betamethasone valerate	Ointment	0.1%
Desoximetasone	Cream, Ointment	0.25%
	Gel	0.05%
Diflorasone diacetate	Cream, Ointment (emollient base)	0.05%
Fluocinonide	Cream, Ointment,	0.05%
Halcinonide	Cream, Ointment	0.1%
Triamcinolone acetonide	Cream, Ointment	0.5%
<i>Medium Potency</i>		
Betamethasone dipropionate	Lotion	0.05%
Betamethasone valerate	Cream	0.1%
Clocortolone pivalate	Cream	0.1%
Desoximetasone	Cream	0.05%
Fluocinolone acetonide	Cream, Ointment	0.025%
Flurandrenolide	Cream, Ointment,	0.05%
	Tape	4 mcg/cm ²
	Cream	0.05%



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Fluticasone propionate	Ointment	0.005%
Hydrocortisone butyrate	Ointment, Solution	0.1%
Hydrocortisone valerate	Cream, Ointment	0.2%
Mometasone furoate	Cream, Ointment,	0.1%
Prednicarbate ²	Cream, Ointment	0.1%
Triamcinolone acetonide	Cream, Ointment, Lotion	0.025% 0.1%
<i>Low Potency</i>		
Alclometasone dipropionate	Cream, Ointment	0.05%
Desonide	Cream	0.05%
Fluocinolone acetonide	Cream, Solution	0.01%
Hydrocortisone	Lotion	0.25%
	Cream, Ointment, Lotion,	0.5%
	Cream, Ointment, Lotion,	1%
	Cream, Ointment,	2.5%
Hydrocortisone acetate	Cream, Ointment	0.5%
	Cream, Ointment	1%

Appendix 3 - List of Non-Topical PA Medications for Atopic Dermatitis

Generic Name	Brand Name
abrocitinib	Cibinqo
dupilumab	Dupixent
lebrikizumab-lbkz	Ebglyss
tralokinumab-ldrm	Adbry
upadactinib	Rinvoq