



Monoclonal Antibodies: Adbry

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Beneficiary Gender: _____

Prescriber Information

6. Prescribing Provider NPI #: _____
7. Requester Contact Information - Name: _____ Phone #: _____ Ext. _____

Drug Information

8. Drug Name: _____ 9. Strength: _____ 10. Quantity Per 30 Days: _____
11. Length of Therapy (in days): up to 30 Days 60 Days 90 Days 120 Days 180 Days 365 Days Other _____

Clinical Information

Initial Approval:

1. Is the beneficiary age 18 years of age or older? Yes No
2. Will the beneficiary receive live vaccines during Adbry therapy? Yes No
3. Does the beneficiary have a diagnosis of moderate to severe Atopic Dermatitis? Yes No
4. Does the beneficiary have at least 1 of the following? Yes No Please indicate which one(s). _____
 - a. Involvement of at least 10% of body surface
 - b. area (BSA); Eczema Area and Severity Index (EASI) score of 16 or greater
 - c. Investigator's Global Assessment (IGA) score of 3 or more
 - d. Scoring Atopic Dermatitis (SCORAD) score of 25 or more
 - e. Incapacitation due to AD lesion location (i.e., head and neck, palms, soles, or genitalia)
5. Has the beneficiary had a trial and failure of at least 2 prescription topical steroids or have a documented adverse reaction or contraindication that precludes trial of at least 2 prescription topical steroids? Yes No

Please list _____

6. Has the beneficiary had a trial and failure or documented adverse reaction or contraindication that precludes use of one of the following?
 Yes No Please indicate which one(s). _____
 - a. Topical calcineurin inhibitor (e.g., pimecrolimus or tacrolimus)
 - b. Topical phosphodiesterase-4 inhibitor (e.g., crisaborole)
 - c. Topical Janus kinase inhibitor (e.g., ruxolitinib)
7. Will tralokinumab-ldrm (Adbry) be used in combination with other monoclonal antibody biologics (e.g., tezepelumab, omalizumab, mepolizumab, reslizumab, benralizumab, dupilumab)? Yes No

Initial approval can be for up to 16 weeks

For continuation of therapy, please answer questions 1-9

8. While on Adbry, has the beneficiary had disease improvement and/or stabilization from baseline supported by medical records? Yes No
9. Has the beneficiary experienced any serious treatment-related adverse events (e.g., serious infection, conjunctivitis, keratitis, eosinophilia)? Yes No

Reauthorizations can be for up to 6 months

**** Please provide medical records documenting the beneficiary's current Atopic Dermatitis status and response to Adbry treatment****

Signature of Prescriber: _____ Date: _____

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.