Effective Date **2/15/2024**
Coverage Policy Number **IP0386**

Tralokinumab

Table of Contents

Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for tralokinumab-dorm (**Adbry®**) subcutaneous injection.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Tralokinumab-Larm (Adbry) is considered medically necessary when the following are met:

1. **Atopic Dermatitis, Moderate to Severe.** Individual meets **ONE** of the following criteria (A or B):

    A. Initial Therapy. Individual meets **ALL** of the following (i, ii, and iii)
        i. Individual is 12 years of age or older
        ii. Documentation of **ONE** of the following (a, b, or c):
            a. Individual has had an inadequate response after at least 3 months of therapy with **ONE** conventional systemic immunomodulator used for the treatment of atopic dermatitis (for example, cyclosporine, azathioprine, methotrexate, mycophenolate mofetil)

b. Individual has had an inadequate response to **ONE** prescription topical corticosteroid (medium-potency or higher) used for at least 28 days, unless contraindicated or intolerant
c. Individual meets **BOTH** of the following criteria (1 and 2):
    i. Individual has atopic dermatitis affecting **ONLY** the following areas: face, skin folds, and/or genitalia
    ii. Individual has had an inadequate response to **ONE** topical calcineurin inhibitor (pimecrolimus 1% cream [Elidel®], tacrolimus 0.03% or 0.1% ointment [Protopic®]) used for at least 28 days, unless contraindicated or intolerant

iii. The medication is prescribed by or in consultation with an allergist, immunologist, or dermatologist

B. Individual is Currently Receiving Adbry. Individual meets **BOTH** of the following (i and ii): An individual who has received less than 4 months of therapy or who is restarting therapy with Adbry will be considered under criterion 1A (Atopic Dermatitis, Initial Therapy).

i. Individual has already received at least 4 months of therapy with tralokinumab-ldrm (Adbry) and has documentation of beneficial response.

Examples of beneficial response to Adbry therapy are marked improvements in erythema, induration/papulation/edema, excoriations, and lichenification; reduced pruritus; decreased requirement for other topical or systemic therapies; reduced body surface area affected with atopic dermatitis.

ii. The medication is prescribed by or in consultation with an allergist, immunologist, or dermatologist

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Authorization Duration

Approval duration for initial therapy: up to 12 months
Approval duration for individuals currently receiving Adbry: up to 12 months

Conditions Not Covered

Tralokinumab-ldrm (Adbry) is considered experimental, investigational or unproven for **ANY** other use including the following (this list may not be all inclusive):

1. **Asthma.** Adbry is not indicated for the treatment of asthma.[1] Three Phase III studies evaluated tralokinumab for the treatment of adults and adolescent patients with severe, uncontrolled asthma.[11,12] In STRATOS 1 and STRATOS 2 (published) [n = 1,202], Adbry 300 mg subcutaneously once every 2 weeks did not significantly reduce the annualized asthma exacerbation rate compared with placebo.[11] TROPOS (published) [n = 140] included patients with severe, uncontrolled asthma that required maintenance oral corticosteroid treatment plus inhaled corticosteroids and inhaled long-acting beta2-agonists.[12] Following 40 weeks of therapy, the percent reduction from baseline in the final daily average oral corticosteroid dose was not significantly different between tralokinumab and placebo.

2. **Concurrent Use with Another Monoclonal Antibody Therapy (i.e., Dupixent, Cinqair, Fasenra, Nucala, Tezspire, or Xolair).** The efficacy and safety of Adbry in combination with other monoclonal

antibody therapies (e.g., Dupixent, Cinqair, Fasenra, Nucala, Tezspire, Xolair) has not been established.[1]

3. **Concurrent Use with Janus Kinase Inhibitors (oral or topical).** Janus Kinase inhibitors (for example, Cibinqo, Olumiant, Opzelura, Rinvoq, Xeljanz/XR) are not recommended in combination with biologic immunomodulators such as Adbry.[1]

4. **Idiopathic Pulmonary Fibrosis.** Adbry is not indicated for the treatment of idiopathic pulmonary fibrosis.[1] Intravenous tralokinumab has been studied for the treatment of idiopathic pulmonary fibrosis in a Phase II, randomized, placebo-controlled study (published) [n = 176].[13] However, this study was terminated early after an interim analysis showed lack of efficacy. Neither tralokinumab dose studied significantly improved the least-squares mean difference percent predicted forced vital capacity from baseline to Week 52.

5. **Ulcerative Colitis.** Adbry is not indicated for the treatment of ulcerative colitis.[1] One Phase IIa, randomized, double-blind, placebo-controlled study (published) [n = 111] evaluated tralokinumab for the treatment of patients with moderate to severe ulcerative colitis despite standard treatments.[14] Following 8 weeks of therapy, tralokinumab did not significantly improve clinical response rates compared with placebo.

Background

OVERVIEW
Adbry, an interleukin (IL)-13 antagonist, is indicated for the treatment of moderate to severe **atopic dermatitis** in patients ≥ 12 years of age whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.[1] Adbry may be used with or without topical corticosteroids.

Clinical Efficacy
Three pivotal Adbry studies enrolled adults (≥ 18 years of age) with moderate to severe chronic atopic dermatitis affecting ≥ 10% of their body surface area (BSA).[1-3] Patients also had a recent history of an inadequate response to a sufficient course of topical therapy (e.g., topical corticosteroids and/or topical calcineurin inhibitors). Inadequate response was defined as a failure to either achieve or maintain remission or low disease activity following at least 28 days of topical corticosteroid treatment (medium potency or higher) or for the maximum duration recommended by the topical corticosteroid prescribing information, with or without a topical calcineurin inhibitor. Patients who had received systemic treatment for atopic dermatitis in the previous year were also considered to be non-responders to topical therapies and were eligible for study inclusion. At Week 16, Adbry was found to be more effective in achieving a clinical response compared with placebo. In the monotherapy trials, the majority of patients who achieved a clinical response to Adbry at Week 16 experienced sustained efficacy at Week 52. Similarly, the patients enrolled in the Adbry pivotal trial in adolescents (12 to 17 years of age) had moderate to severe atopic dermatitis affecting 10% BSA or more and a previous inadequate response to topical medication (e.g., topical corticosteroids and/or topical calcineurin inhibitors).[4] As was observed in trials in adults, significantly more patients achieved a clinical response at Week 16 and again, efficacy was sustained through Week 52.

Guidelines
Guidelines for the care and management of atopic dermatitis (with topical therapies in adults [2022], with phototherapy and systemic agents [2023]) have been updated to address Adbry.[5,6] The guidelines note that despite the availability of newer, systemic therapies (e.g., Adbry), topical agents remain the mainstay of treatment due to their proven track record and favorable safety profiles. Several topical agents are recommended, with topical corticosteroids commonly used first-line for mild to severe atopic dermatitis in all skin regions. If topical therapy and basic management (e.g., moisturizers, bathing modifications) have been optimized and the patient has not achieved adequate control, consider an alternative diagnosis or systemic therapy. In this setting, use of Adbry is recommended in patients with moderate to severe disease (strong recommendation).

References

1. Adbry® subcutaneous injection [prescribing information]. Madison, NJ: Leo Pharma; December 2023.
2. Wollenberg A, Blauvelt A, Guttman-Yassky E, et al. Tralokinumab for moderate-to-severe atopic dermatitis: results from two 52-week, randomized, double-blind, multicenter, placebo-controlled phase III trials (ECZTRA 1 and ECZTRA 2). *Br J Dermatol*. 2021;184(3):437-449.
3. Silverberg JI, Toth D, Bieber T, et al. Tralokinumab plus topical corticosteroids for the treatment of moderate-to-severe atopic dermatitis: results from the double-blind, randomized, multicenter, placebo-controlled phase III ECZTRA 3 trial. *Br J Dermatol*. 2021;184(3):450-463.
4. Sidbury R, Alikhan A, Cohen DE, et al. Guidelines of care for the management of atopic dermatitis in adults with topical therapies. *J Am Acad Dermatol*. 2023 Jan 11 [Epub ahead of print].
5. Sidbury R, et al. Guidelines of care for the management of atopic dermatitis Section 3. Management and treatment with phototherapy and systemic agents. *J Am Acad Dermatol*. 2014;71(2): 327-349.
6. Wollenberg A, Kinberger M, Arents B, et al. European guideline (EuroGuiDerm) on atopic eczema: part I – systemic therapy. Eur Acad Dermatol Venereol. 2022;36(9):1409-1431.
7. Panettieri Jr. RA, Sjobring U, Peterffy AM, et al. Tralokinumab for severe, uncontrolled asthma (STRATOS 1 and STRATOS 2): two randomised, double-blind, placebo-controlled, phase 3 clinical trial. *Lancet Respir Med*. 2018;6(7):511-525.
8. Busse WW, Brusselle GG, Korn S, et al. Tralokinumab did not demonstrate oral corticosteroid-sparing effects in severe asthma. *Eur Respir J*. 2019;53(2):1800948.
9. Parker JM, Glaspole IN, Lancaster LH, et al. A phase 2 randomized controlled study of tralokinumab in subjects with idiopathic pulmonary fibrosis. *Am J Respir Crit Care Med*. 2018;197(1):94-103.
10. Danese S, Rudzinski J, Brandt W, et al. Tralokinumab for moderate-to-severe UC: a randomized, double-blind, placebo-controlled, phase IIa study. *Gut*. 2015;64(2):243-249.
11. Cibinqo® tablets [prescribing information]. New York, NY: Pfizer; February 2023.
12. Rinvoq® tablets [prescribing information]. North Chicago, IL: AbbVie; April 2023.
13. Opzelura® cream [prescribing information]. Wilmington, DE: Incyte; January 2023.