

ALASKA MEDICAID
Prior Authorization Criteria

**Ebglyss®
(lebrikizumab-lbkz)**

FDA INDICATIONS AND USAGE¹

Ebglyss® is an interleukin-13 antagonist indicated for the treatment of adults and pediatric patients 12 years of age and older who weigh at least 40 kg with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Ebglyss® can be used with or without topical corticosteroids.

APPROVAL CRITERIA^{1,2,3,4}

1. Patient meets FDA labeling approved age **AND**;
2. Prescribed by or in consultation with an allergist, immunologist, or dermatologist **AND**;
3. Patient has the diagnosis of moderate to severe atopic dermatitis **AND**;
4. Documentation of the affected baseline body surface area affected and severity of symptoms **AND**;
5. Must have tried and failed or has a contraindication to at least two of the following for a period of 30 days:
 - a. Patient > 18 years of age a medium to high potency topical corticosteroid or < 18 years of age a low potency topical corticosteroid
 - b. Topical calcineurin inhibitor
 - c. Phosphodiesterase 4 inhibitor

DENIAL CRITERIA¹

1. Failure to meet approval criteria **OR**;
2. Ebglyss® is to be used in conjunction with another biologic medication (eg. Adbry™, Dupixent®, Xolair®, etc.)

CAUTIONS¹

- Monitor for hypersensitivity reactions after administration.
- Patients should be monitored for new or worsening eye symptoms.
- Avoid use of live vaccines while on Ebglyss®.
- Patients with pre-existing helminth infections should be treated before initiating treatment with Ebglyss®. In patients who become infected while receiving Ebglyss® and fail to respond to anti-helminth treatment, discontinue Ebglyss® until infection resolves.

DURATION OF APPROVAL

- Initial Approval: up to 3 months
- Reauthorization Approval: up to 12 months

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QUANTITY LIMIT

- Month 1: Up to six total 250mg injections
- Months 2 through 4: Up to two total 250mg injections each
- Month 5 and later: One 250mg injection monthly

REFERENCES / FOOTNOTES:

1. Ebglyss (lebrikizumab-lbkz) [prescribing information]. Indianapolis, IN: Eli Lilly and Co.; October 2025
2. Silverberg JI, Guttman-Yassky E, Thaçi D, et.al.; ADvocate1 and ADvocate2 Investigators. Two Phase 3 Trials of Lebrikizumab for Moderate-to-Severe Atopic Dermatitis. *N Engl J Med.* 2023 Mar 23;388(12):1080-1091.
3. Blauvelt A, Thyssen JP, Guttman-Yassky E, Bieber T, et.al. Efficacy and safety of lebrikizumab in moderate-to-severe atopic dermatitis: 52-week results of two randomized double-blinded placebo-controlled phase III trials. *Br J Dermatol.* 2023 May 24;188(6):740-748.
4. Sidbury R, Alikhan A, Bercovitch L, et al.; Guidelines of care for the management of atopic dermatitis in adults with topical therapies. *JAAD* January 11, 2023.