

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Monoclonal Antibody Agents

Clinical Criteria Information Included in this Document

Ebglyss (lebrikizumab-lbkz)

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and presentation to the DUR Board



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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| EBGLYSS 250 MG/2 ML PEN | 55845 |
| EBGLYSS 250 MG/2 ML SYRINGE | 56133 |

**Ebglyss (lebrikizumab-lbkz)****Clinical Criteria Logic**

Initial Requests:

1. Is the client greater than or equal to (\geq) 12 years of age?
 Yes - Go to #2
 No - Deny
2. Does the client have a diagnosis of moderate to severe [atopic dermatitis](#) in the last 365 days that involves greater than or equal to (\geq) 10% of the client's body surface area? [Manual]
 Yes - Go to #3
 No - Deny
3. Does the client have a claim for a [topical corticosteroid](#) in the last 365 days?
 Yes - Go to #4
 No - Deny
4. Does the client have a claim for [crisaborole, pimecrolimus or tacrolimus \(topical\)](#) in the last 365 days?
 Yes - Go to #5
 No - Deny
5. Does the client have a diagnosis of [helminth infection](#) in the last 180 days?
 Yes - Go to #6
 No - Go to #7
6. Does the client have a claim for an [anthelmintic agent](#) in the last 180 days?
 Yes - Go to #7
 No - Deny
7. Will the client have concurrent therapy with another [monoclonal antibody agent](#)?
 Yes - Deny
 No - Approve (365 days)

**Ebglyss (lebrikizumab-lbkz)****Clinical Criteria Logic**

Renewal Requests:

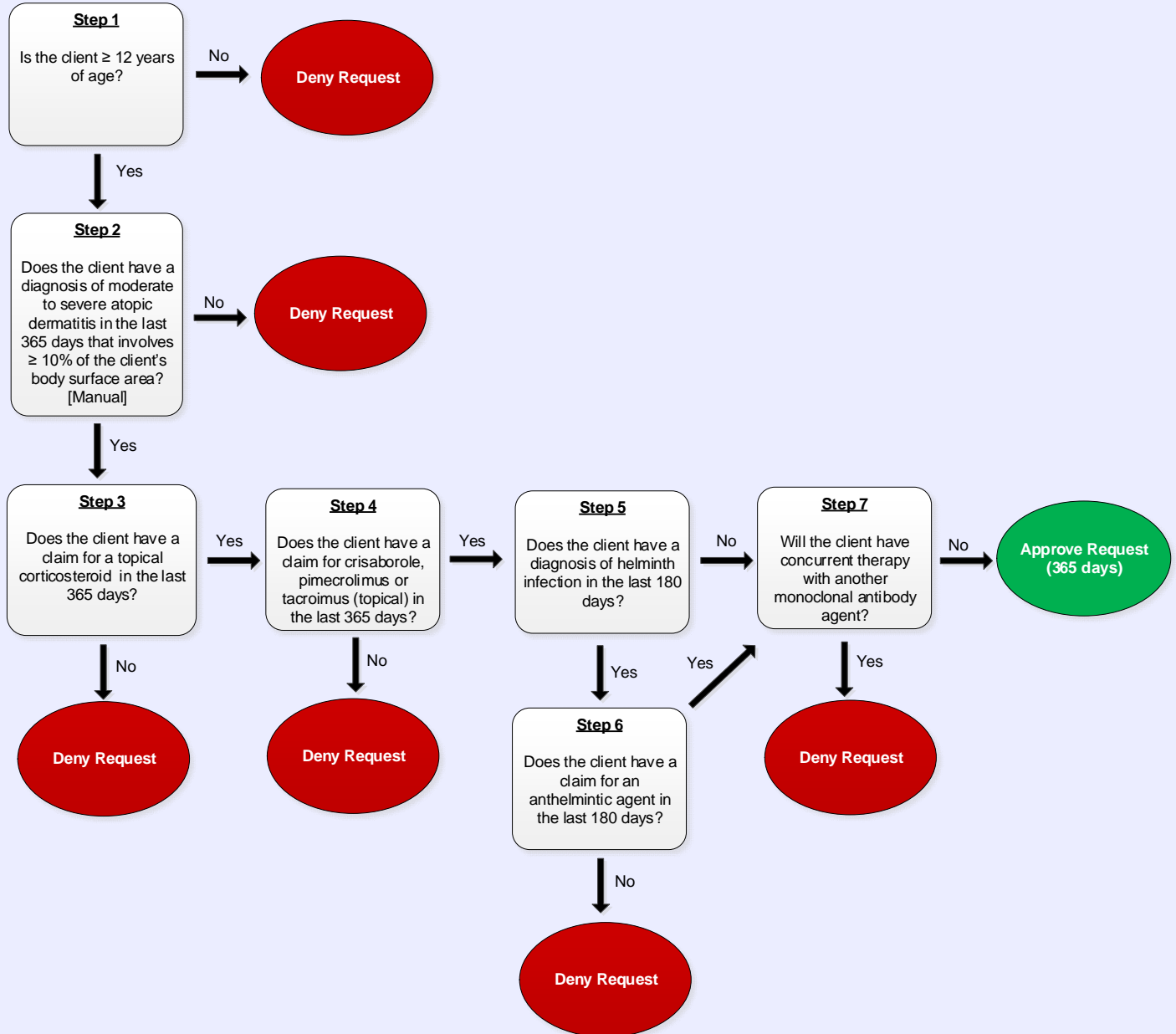
1. Does the client have a diagnosis of [helminth infection](#) in the last 180 days?
 Yes - Go to #2
 No - Go to #3
2. Does the client have a claim for an [anthelmintic agent](#) in the last 180 days?
 Yes - Go to #3
 No - Deny
3. Will the client have concurrent therapy with another [monoclonal antibody agent](#)?
 Yes - Deny
 No - Go to #4
4. Does the client continue to show improvement or stabilization? [Manual]
 Yes Approve (365 days)
 No - Deny



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Clinical Criteria Logic Diagram

Initial Request:

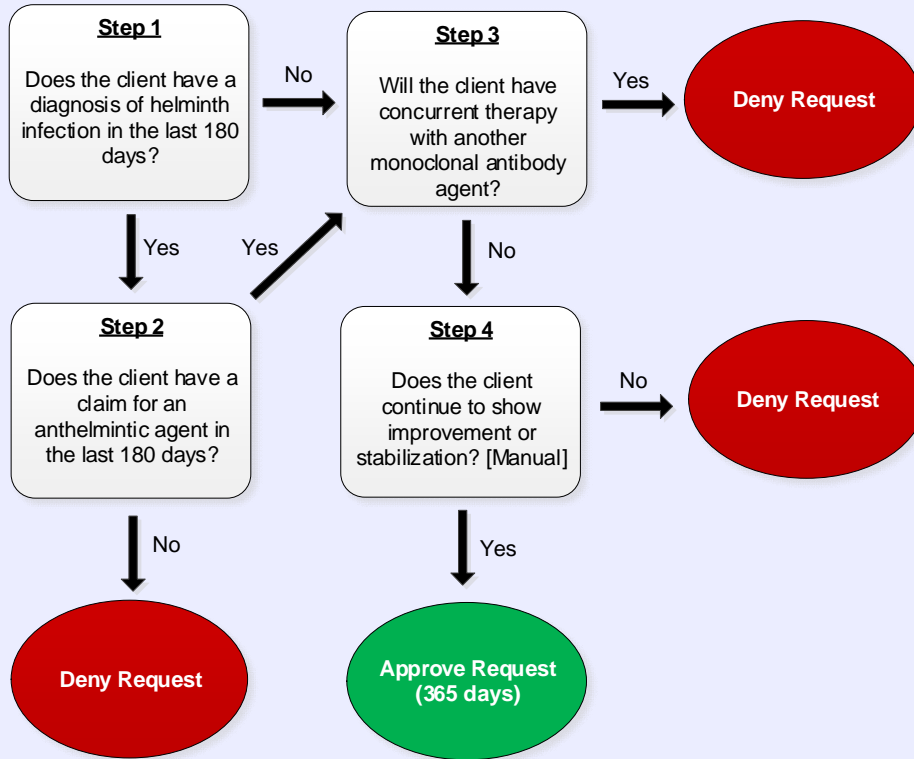




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Clinical Criteria Logic Diagram

Renewal Request:





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Clinical Criteria Supporting Tables

| Atopic Dermatitis | |
|-------------------|--------------------------------|
| ICD-10 Code | Description |
| L200 | BESNIER'S PRURIGO |
| L2081 | ATOPIC NEURODERMATITIS |
| L2082 | FLEXURAL ECZEMA |
| L2084 | INTRINSIC (ALLERGIC) ECZEMA |
| L2089 | OTHER ATOPIC DERMATITIS |
| L209 | ATOPIC DERMATITIS, UNSPECIFIED |

| Topical Corticosteroids | |
|--------------------------------|-------|
| Label Name | GCN |
| AMCINONIDE 0.1% CREAM | 31490 |
| AMCINONIDE 0.1% LOTION | 31560 |
| APEXICON E 0.05% CREAM | 67730 |
| BETAMETHASONE DP 0.05% CRM | 31060 |
| BETAMETHASONE DP 0.05% LOT | 31080 |
| BETAMETHASONE DP 0.05% OINT | 31070 |
| BETAMETHASONE DP AUG 0.05% CRM | 31890 |
| BETAMETHASONE DP AUG 0.05% GEL | 32091 |
| BETAMETHASONE DP AUG 0.05% LOT | 30980 |
| BETAMETHASONE DP AUG 0.05% OIN | 31910 |
| BETAMETHASONE VA 0.1% CREAM | 31101 |
| BETAMETHASONE VALER 0.12% FOAM | 32052 |
| BETAMETHASONE VA 0.1% LOTION | 31120 |

| Topical Corticosteroids | |
|--------------------------------|-------|
| Label Name | GCN |
| BETAMETHASONE VALER 0.1% OINTM | 31110 |
| BETA-VAL 0.1% LOTION | 31120 |
| CLOBETASOL 0.05% CREAM | 32140 |
| CLOBETASOL 0.05% GEL | 15892 |
| CLOBETASOL 0.05% OINTMENT | 32130 |
| CLOBETASOL 0.05% SOLUTION | 15891 |
| CLOBETASOL EMOLLIENT 0.05% CRM | 34141 |
| CLOBETASOL PROP 0.05% FOAM | 89743 |
| CLOBEX 0.05% SPRAY | 25909 |
| CLOBEX 0.05% TOPICAL LOTION | 34040 |
| CORMAX 0.05% SOLUTION | 15891 |
| DESOXIMETASONE 0.05% CREAM | 31180 |
| DESOXIMETASONE 0.05% GEL | 06120 |
| DESOXIMETASONE 0.25% CREAM | 31181 |
| DESOXIMETASONE 0.25% OINTMENT | 30800 |
| DIFLORASONE 0.05% CREAM | 31470 |
| DIFLORASONE 0.05% OINTMENT | 31480 |
| DIPROLENE 0.05% LOTION | 30980 |
| DIPROLENE AF 0.05% CREAM | 31890 |
| DIPROLENE 0.05% OINTMENT | 31910 |
| DIPROLENE AF 0.05% CREAM | 31890 |
| FLUOCINONIDE 0.05% CREAM | 31390 |
| FLUOCINONIDE 0.05% GEL | 31380 |
| FLUOCINONIDE 0.05% OINTMENT | 31400 |
| FLUOCINONIDE 0.05% SOLUTION | 31401 |

| Topical Corticosteroids | |
|--------------------------------|-------|
| Label Name | GCN |
| FLUOCINONIDE-E 0.05% CREAM | 54650 |
| FLUOCINONIDE-EMOL 0.05% CREAM | 54650 |
| FLUOCINONIDE 0.1% CREAM | 24306 |
| HALOBETASOL PROP 0.05% CREAM | 31251 |
| HALOBETASOL PROP 0.05% OINTMNT | 31211 |
| HALOG 0.1% CREAM | 31441 |
| HALOG 0.1% OINTMENT | 31451 |
| OLUX 0.05% FOAM | 89743 |
| OLUX-E 0.05% FOAM | 97649 |
| SERNIVO 0.05% SPRAY | 40655 |
| TEMOVATE 0.05% CREAM | 32140 |
| TEMOVATE 0.05% OINTMENT | 32130 |
| TOPICORT 0.05% GEL | 06120 |
| TOPICORT 0.25% CREAM | 31181 |
| TOPICORT 0.25% OINTMENT | 30800 |
| TOPICORT LP 0.05% CREAM | 31180 |
| TOPICORT 0.25% SPRAY | 34545 |
| TRIAMCINOLONE 0.025% CREAM | 31231 |
| TRIAMCINOLONE 0.025% LOTION | 31260 |
| TRIAMCINOLONE 0.025% OINT | 31241 |
| TRIAMCINOLONE 0.1% CREAM | 31232 |
| TRIAMCINOLONE 0.1% LOTION | 31261 |
| TRIAMCINOLONE 0.1% OINTMENT | 31242 |
| TRIAMCINOLONE 0.5% CREAM | 31233 |
| TRIAMCINOLONE 0.5% OINTMENT | 31244 |

| Topical Corticosteroids | |
|-------------------------|-------|
| Label Name | GCN |
| TRIANEX 0.05% OINTMENT | 31243 |
| ULTRAVATE 0.05% CREAM | 31251 |
| VANOS 0.1% CREAM | 24306 |

| Crisaborole, Pimecrolimus, or Tacrolimus | |
|--|-------|
| Label Name | GCN |
| ELIDEL 1% CREAM | 15348 |
| EUCRISA 2% OINTMENT | 42792 |
| PIMECROLIMUS 1% CREAM | 15348 |
| PROTOPIC 0.03% OINTMENT | 12289 |
| PROTOPIC 0.1% OINTMENT | 12302 |
| TACROLIMUS 0.03% OINTMENT | 12289 |
| TACROLIMUS 0.1% OINTMENT | 12302 |

| Helminth Infection | |
|--------------------|---|
| ICD-10 Code | Description |
| B650 | SCHISTOSOMIASIS DUE TO SCHISTOSOMA HAEMATOBIIUM [URINARY SCHISTOSOMIASIS] |
| B651 | SCHISTOSOMIASIS DUE TO SCHISTOSOMA MANSONI [INTESTINAL SCHISTOSOMIASIS] |
| B652 | SCHISTOSOMIASIS DUE TO SCHISTOSOMA JAPONICUM |
| B653 | CERCARIAL DERMATITIS |
| B658 | OTHER SCHISTOSOMIASIS |
| B659 | SCHISTOSOMIASIS, UNSPECIFIED |
| B660 | OPISTHORCHIASIS |
| B661 | CLONORCHIASIS |

| Helminth Infection | |
|--------------------|---|
| ICD-10 Code | Description |
| B662 | DICROCELIASIS |
| B663 | FASCIOLIASIS |
| B664 | PARAGONIMIASIS |
| B665 | FASCIOLOPSIASIS |
| B668 | OTHER SPECIFIED FLUKE INFECTIONS |
| B669 | FLUKE INFECTION, UNSPECIFIED |
| B670 | ECHINOCOCCUS GRANULOSUS INFECTION OF LIVER |
| B671 | ECHINOCOCCUS GRANULOSUS INFECTION OF LUNG |
| B672 | ECHINOCOCCUS GRANULOSUS INFECTION OF BONE |
| B6731 | ECHINOCOCCUS GRANULOSUS INFECTION, THYROID GLAND |
| B6732 | ECHINOCOCCUS GRANULOSUS INFECTION, MULTIPLE SITES |
| B6739 | ECHINOCOCCUS GRANULOSUS INFECTION, OTHER SITES |
| B674 | ECHINOCOCCUS GRANULOSUS INFECTION, UNSPECIFIED |
| B675 | ECHINOCOCCUS MULTILOCULARIS INFECTION OF LIVER |
| B6761 | ECHINOCOCCUS MULTILOCULARIS INFECTION, MULTIPLE SITES |
| B6769 | ECHINOCOCCUS MULTILOCULARIS INFECTION, OTHER SITES |
| B677 | ECHINOCOCCUS MULTILOCULARIS INFECTION, UNSPECIFIED |
| B678 | ECHINOCOCCOSIS, UNSPECIFIED, OF LIVER |
| B6790 | ECHINOCOCCOSIS, UNSPECIFIED |
| B6799 | OTHER ECHINOCOCCOSIS |
| B680 | TAENIA SOLIUM TAENIASIS |
| B681 | TAENIA SAGINATA TAENIASIS |
| B689 | TAENIASIS, UNSPECIFIED |
| B690 | CYSTICERCOSIS OF CENTRAL NERVOUS SYSTEM |
| B691 | CYSTICERCOSIS OF EYE |

| Helminth Infection | |
|--------------------|--|
| ICD-10 Code | Description |
| B6981 | MYOSITIS IN CYSTICERCOSIS |
| B6989 | CYSTICERCOSIS OF OTHER SITES |
| B699 | CYSTICERCOSIS, UNSPECIFIED |
| B700 | DIPHYLLOBOOTHRIASIS |
| B701 | SPARGANOSIS |
| B710 | HYMENOLEPIASIS |
| B711 | DIPYLIDIASIS |
| B718 | OTHER SPECIFIED CESTODE INFECTIONS |
| B719 | CESTODE INFECTION, UNSPECIFIED |
| B72 | DRACUNCULIASIS |
| B7300 | ONCHOCERCIASIS WITH EYE INVOLVEMENT, UNSPECIFIED |
| B7301 | ONCHOCERCIASIS WITH ENDOPHTHALMITIS |
| B7302 | ONCHOCERCIASIS WITH GLAUCOMA |
| B7309 | ONCHOCERCIASIS WITH OTHER EYE INVOLVEMENT |
| B731 | ONCHOCERCIASIS WITHOUT EYE DISEASE |
| B740 | FILARIASIS DUE TO WUCHERERIA BANCROFTI |
| B741 | FILARIASIS DUE TO BRUGIA MALAYI |
| B742 | FILARIASIS DUE TO BRUGIA TIMORI |
| B743 | LOIASIS |
| B744 | MANSONELLIASIS |
| B748 | OTHER FILARIASES |
| B749 | FILARIASIS, UNSPECIFIED |
| B75 | TRICHINELLOSIS |
| B760 | ANCYLOSTOMIASIS |
| B761 | NECATORIASIS |

| Helminth Infection | |
|--------------------|--|
| ICD-10 Code | Description |
| B768 | OTHER HOOKWORM DISEASES |
| B769 | HOOKWORM DISEASE, UNSPECIFIED |
| B770 | ASCARIASIS WITH INTESTINAL COMPLICATIONS |
| B7781 | ASCARIASIS PNEUMONIA |
| B7789 | ASCARIASIS WITH OTHER COMPLICATIONS |
| B779 | ASCARIASIS, UNSPECIFIED |
| B780 | INTESTINAL STRONGYLOIDIASIS |
| B781 | CUTANEOUS STRONGYLOIDIASIS |
| B787 | DISSEMINATED STRONGYLOIDIASIS |
| B789 | STRONGYLOIDIASIS, UNSPECIFIED |
| B79 | TRICHURIASIS |
| B80 | ENTEROBIASIS |
| B810 | ANISAKIASIS |
| B811 | INTESTINAL CAPILLARIASIS |
| B812 | TRICHOSTRONGYLIASIS |
| B813 | INTESTINAL ANGIOSTRONGYLIASIS |
| B814 | MIXED INTESTINAL HELMINTHIASES |
| B818 | OTHER SPECIFIED INTESTINAL HELMINTHIASES |
| B820 | INTESTINAL HELMINTHIASIS, UNSPECIFIED |
| B829 | INTESTINAL PARASITISM, UNSPECIFIED |
| B830 | VISCERAL LARVA MIGRANS |
| B831 | GNATHOSTOMIASIS |
| B832 | ANGIOSTRONGYLIASIS DUE TO PARASTRONGYLUS CANTONENSIS |
| B833 | SYNGAMIASIS |
| B834 | INTERNAL HIRUDINIASIS |

| Helminth Infection | |
|--------------------|-------------------------------|
| ICD-10 Code | Description |
| B838 | OTHER SPECIFIED HELMINTHIASES |
| B839 | HELMINTHIASIS, UNSPECIFIED |

| Anthelmintic Agent | |
|---------------------------|-------|
| Label Name | GCN |
| ALBENDAZOLE 200 MG TABLET | 53290 |
| ALBENZA 200 MG TABLET | 53290 |
| BILTRICIDE 600 MG TABLET | 08490 |
| EMVERM 100 MG TABLET CHEW | 43181 |
| IVERMECTIN 3 MG TABLET | 93064 |
| PRAZQUANTEL 600 MG TABLET | 08490 |
| STROMEKTOL 3 MG TABLET | 93064 |

| Monoclonal Antibodies | |
|---------------------------------|-------|
| Label Name | GCN |
| CINQAIR 100 MG/10 ML VIAL | 40873 |
| DUPIXENT 100 MG/0.67 ML SYRINGE | 51385 |
| DUPIXENT 200 MG/1.14 ML PEN | 48785 |
| DUPIXENT 200 MG/1.14 ML SYRINGE | 45522 |
| DUPIXENT 300 MG/2 ML PEN | 48277 |
| DUPIXENT 300 MG/2 ML SYRINGE | 43222 |
| FASENRA PEN 30 MG/ML | 47019 |
| FASENRA 10 MG/0.5 ML | 55559 |
| NUCALA 100 MG/ML AUTO-INJECTOR | 46414 |
| NUCALA 100 MG/ML SYRINGE | 46413 |

| Monoclonal Antibodies | |
|---------------------------------|-------|
| Label Name | GCN |
| NUCALA 40 MG/0.4 ML SYRINGE | 52416 |
| TEZSPIRE 210 MG/1.91 ML SYRINGE | 51748 |

**Ebglyss (lebrikizumab-lbkz)****Clinical Criteria References**

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on January 31, 2025.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on January 31, 2025.
3. Ebglyss Prescribing Information. Indianapolis, IN. Eli Lilly and Company. November 2024.



Monoclonal Antibody Agents

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

| Publication Date | Notes |
|------------------|--|
| 01/31/2025 | <ul style="list-style-type: none"><li data-bbox="493 512 1159 541">• Initial publication and presentation to the DUR Board |