
5.90.073

Section:	Prescription Drugs	Effective Date:	April 1, 2026
Subsection:	Topical Products	Original Policy Date:	October 11, 2024
Subject:	Ebglyss	Page:	1 of 6

Last Review Date: March 6, 2026

Ebglyss

Description

Ebglyss (lebrikizumab-lbkz)

Background

Ebglyss (lebrikizumab-lbkz) is an IgG4 monoclonal antibody that binds with high affinity and slow off-rate to interleukin-13 (IL-13) and allows IL-13 to bind to IL-13R α 1 but inhibits human IL-13 signaling through the IL-4R α /IL-13R α 1 receptor complex. IL-13 is a naturally occurring cytokine that is involved in Type 2 inflammation, which is an important component in the pathogenesis of atopic dermatitis. Ebglyss inhibits IL-13-induced responses including the release of proinflammatory cytokines, chemokines, and IgE. Ebglyss-bound IL-13 can still bind to IL-13R α 2 allowing subsequent internalization and clearance of IL-13 (1).

Regulatory Status

FDA-approved indication: Ebglyss is an interleukin-13 antagonist indicated for the treatment of adult and pediatric patients 12 years 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 (1).

Ebglyss has warnings for hypersensitivity reactions, conjunctivitis, keratitis, and parasitic (helminth) infections. Patients should be monitored and Ebglyss treatment should be discontinued if appropriate (1).

Prior to initiation of Ebglyss, patients should complete all age-appropriate vaccinations as recommended by current immunization guidelines. Live vaccines should be avoided while using Ebglyss (1).

Section:	Prescription Drugs	Effective Date:	April 1, 2026
Subsection:	Topical Products	Original Policy Date:	October 11, 2024
Subject:	Ebglyss	Page:	2 of 6

The safety and effectiveness of Ebglyss in pediatric patients less than 12 years of age and weighing less than 40 kg have not been established (1).

Related policies

Adbry, Cibinco, Dupixent, Rinvoq

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Ebglyss may be considered **medically necessary** if the conditions indicated below are met.

Ebglyss may be considered **investigational** for all other indications.

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

Section: Prescription Drugs

Effective Date: April 1, 2026

Subsection: Topical Products

Original Policy Date: October 11, 2024

Subject: Ebglyss

Page: 3 of 6

Prior – Approval *Renewal* Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

Atopic dermatitis (eczema)

AND ALL of the following:

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

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 11 pens or syringes

Duration 16 weeks

Prior – Approval *Renewal* Limits

Quantity 3 pens or syringes per 84 days

Duration 12 months

Rationale

Summary

Ebglyss (lebrikizumab-lbkz) is an interleukin-13 receptor antagonist indicated for the treatment of atopic dermatitis. Ebglyss has warnings for hypersensitivity reactions, conjunctivitis, keratitis,

Section:	Prescription Drugs	Effective Date:	April 1, 2026
Subsection:	Topical Products	Original Policy Date:	October 11, 2024
Subject:	Ebglyss	Page:	4 of 6

and parasitic (helminth) infections. Patients should be monitored and Ebglyss treatment should be discontinued if appropriate. The safety and effectiveness of Ebglyss in pediatric patients less than 12 years of age and weighing less than 40 kg have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Ebglyss while maintaining optimal therapeutic outcomes.

References

1. Ebglyss [package insert]. Indianapolis, IN: Eli Lilly and Company; October 2025.

Policy History

Date	Action
October 2024	Addition to PA
March 2025	Annual review and reference update
March 2026	Annual review and reference update

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.

Section: Prescription Drugs**Effective Date:** April 1, 2026**Subsection:** Topical Products**Original Policy Date:** October 11, 2024**Subject:** Ebglyss**Page:** 5 of 6**Appendix 1**

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

Appendix 2

Relative Potency of Selected Topical Corticosteroids		
Drug	Dosage Form	Strength
Very high Potency		
Augmented betamethasone dipropionate	Ointment, Gel	0.05%
Clobetasol propionate	Cream, Ointment	0.05%
Diflorasone diacetate	Ointment	0.05%
Halobetasol propionate	Cream, Ointment	0.05%
High Potency		
Amcinonide	Cream, Lotion, Ointment	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	0.05%
	(emollient base)	
Fluocinonide	Cream, Ointment, Gel	0.05%
Halcinonide	Cream, Ointment	0.1%
Triamcinolone acetonide	Cream, Ointment	0.5%
Medium Potency		
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%

Section: Prescription Drugs

Effective Date: April 1, 2026

Subsection: Topical Products

Original Policy Date: October 11, 2024

Subject: Ebglyss

Page: 6 of 6

Flurandrenolide	Cream, Ointment, Lotion	0.05%
	Tape	4 mcg/cm ²
Fluticasone propionate	Cream	0.05%
	Ointment	0.005%
Hydrocortisone butyrate	Ointment, Solution	0.1%
Hydrocortisone valerate	Cream, Ointment	0.2%
Mometasone furoate	Cream, Ointment, Lotion	0.1%
Prednicarbate ²	Cream, Ointment	0.1%
Triamcinolone acetonide	Cream, Ointment, Lotion	0.025%
	Cream, Ointment, Lotion	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, Aerosol	0.5%
	Cream, Ointment, Lotion, Solution	1%
	Cream, Ointment, Lotion	2.5%
	Cream, Ointment	0.5%
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
nemolizumab-ilto	Nemluvio
tralokinumab-ldrm	Adbry
upadactinib	Rinvoq