

Policy Type: PA/SP

Length of Authorization

- Initial: Six months
- Renewal: 12 months

Quantity Limits

Product Name	Indication	Dosage Form	Quantity Limit
lebrikizumab (Ebglyss)	Moderate-to-Severe Atopic Dermatitis	250 mg/2 mL syringe/pen	First Month: 4 syringes/pens (8 mL)/28 days Months 2 to 4: 2 syringes/pens (4 mL)/28 days Maintenance: 1 syringe/pen (2 mL)/28 days
		250 mg/2 mL autoinjector	

Additional Notes:

- Load as GPI-12