

Medical Coverage Guideline: 09-J4000-20, Tralokinumab-ldrm (Adbry) Injection

The prior Medical Coverage Guideline (MCG) for this therapy has been consolidated to a single MCG:

[09-J5000-37, IL-13 Antagonists](#)

A complete list of previous MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number
Lebrikizumab-lbkz (Ebglyss)	09-J5000-00
Tralokinumab-ldrm (Adbry) Injection	09-J4000-20