For patients aged 12 years and older with moderate-to-severe atopic dermatitis

ADULT (18+ YEARS)[1]

Beth, a real Adbry patient. Individual results may vary.

DOSING	AUTOINJECTOR 2 PACK: NDC 50222-350-02 1 PACK: NDC 50222-350-01	OR	PREFILLED SYRINGE 4 PACK: NDC 50222-346-04 2 PACK: NDC 50222-346-02
Initial loading dose[1]:	 2 x 300-mg autoinjectors (600 mg)		 4 x 150-mg prefilled 1 mL syringes (600 mg)
Maintenance dose[1]:	 1 x 300-mg autoinjector every other week		 2 x 150-mg prefilled 1 mL syringes (300 mg) every other week

FLEXIBLE DOSING after 16 weeks[1]*

CONTINUE EVERY OTHER WEEK

1 x 300-mg autoinjector[1]

OR

2 x 150-mg prefilled 1 mL syringes (300 mg)[1]

REDUCE TO ONCE-MONTHLY*

1 x 300-mg autoinjector[1]*

OR

2 x 150-mg prefilled 1 mL syringes (300 mg)[1]*

Devices shown are not actual size.

*For adult patients <220 lbs who achieve clear or almost clear skin after 16 weeks of treatment.

PEDIATRIC (12-17 YEARS)[1]

Not an actual patient. Individual results may vary.

DOSING	PREFILLED SYRINGE 4 PACK: NDC 50222-346-04 2 PACK: NDC 50222-346-02
Initial loading dose[1]:	 2 x 150-mg prefilled 1 mL syringes (300 mg)
Maintenance dose[1]:	 1 x 150-mg prefilled 1 mL syringe every other week

Devices shown are not actual size.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION

- ADBRY is contraindicated in patients who have known hypersensitivity to tralokinumab-ldrm or any excipients in ADBRY.

Please see additional Important Safety Information on reverse side and accompanying full Prescribing Information.

Adbry®
(tralokinumab-ldrm)
Injection 150 mg • 300 mg

Scan for more information about dosing

AdbryHCP.com

INDICATION

ADBRY® (tralokinumab-ldrm) injection is indicated for the treatment of moderate-to-severe atopic dermatitis in patients aged 12 years and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. ADBRY can be used with or without topical corticosteroids.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION

- ADBRY is contraindicated in patients who have known hypersensitivity to tralokinumab-ldrm or any excipients in ADBRY.

WARNINGS AND PRECAUTIONS

- **Hypersensitivity:** Hypersensitivity reactions, including anaphylaxis and angioedema have occurred after administration of ADBRY. If a serious hypersensitivity reaction occurs, discontinue ADBRY immediately and initiate appropriate therapy.
- **Conjunctivitis and Keratitis:** Conjunctivitis and keratitis occurred more frequently in atopic dermatitis subjects who received ADBRY. Conjunctivitis was the most frequently reported eye disorder. Advise patients to report new onset or worsening eye symptoms to their healthcare provider.
- **Parasitic (Helminth) Infections:** Treat patients with pre-existing helminth infections before initiating treatment with ADBRY. If patients become infected while receiving ADBRY and do not respond to antihelminth treatment, discontinue treatment with ADBRY until the infection resolves.
- **Risk of Infection with Live Vaccines:** ADBRY may alter a patient's immunity and increase the risk of infection following administration of live vaccines. Prior to initiating therapy with ADBRY, complete all age appropriate vaccinations according to current immunization guidelines. Avoid use of live vaccines during treatment with ADBRY. Limited data are available regarding coadministration of ADBRY with non-live vaccines.

ADVERSE REACTIONS

- The most common adverse reactions (incidence ≥1%) are upper respiratory infections, conjunctivitis, injection site reactions, and eosinophilia.

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to ADBRY during pregnancy. Healthcare providers are encouraged to register pregnant patients, or pregnant women may enroll themselves in the registry by calling 1-877-311-8972 or visiting https://mothertobaby.org/ongoing-study/adbry-tralokinumab/. There are limited data from the use of ADBRY in pregnant women to inform a drug-associated risk of adverse developmental outcomes. Human IgG antibodies are known to cross the placental barrier; therefore, ADBRY may be transmitted from the mother to the developing fetus.
- **Lactation:** There are no data on the presence of tralokinumab-ldrm in human milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is present in breast milk. The effects of local gastrointestinal exposure and limited systemic exposure to ADBRY on the breastfed infant are unknown.
- **Pediatric Use:** Safety and effectiveness of ADBRY have not been established in pediatric patients younger than 12 years of age.

Please see accompanying full Prescribing Information.

Reference: 1. ADBRY. Prescribing Information. LEO Pharma Inc.

MAT-73752 July 2024

Adbry®
(tralokinumab-ldrm)
Injection 150 mg • 300 mg