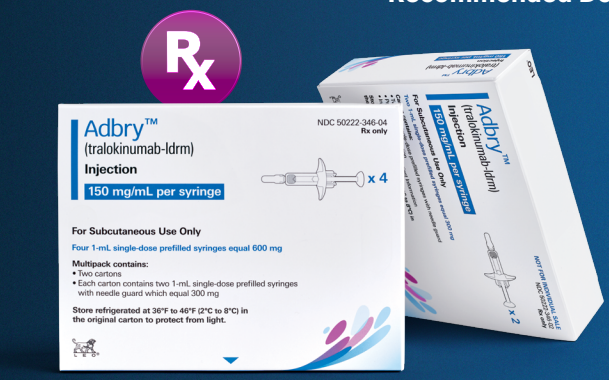
DOSING INFORMATION

Adbry™
(tralokinumab-ldrm)
Injection 150 mg/mL

Subcutaneous injection for adult patients: 150 mg/mL prefilled syringe[1]

Recommended Dosing:



Not actual size.

INITIAL DOSE: 600 mg

4 prefilled syringes

MAINTENANCE DOSE: 300 mg

2 prefilled syringes every other week, or every 4 weeks, may be considered in patients <100 kg (220 lbs) who achieve clear or almost clear skin after 16 weeks of treatment

Adbry™ is available in pack sizes containing 2 or 4 prefilled syringes with a needle guard[1]

Pack Size	NDC #
Multipack: 2 cartons (4 syringes)	NDC 50222-346-04
Carton of 2 syringes	NDC 50222-346-02

INDICATION

ADBRY™ (tralokinumab-ldrm) injection is indicated for the treatment of moderate-to-severe atopic dermatitis in adult patients 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.

For more information visit AdbryHCP.com

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 throughout and accompanying Full Prescribing Information.

Adbry™ has the flexibility of:

EVERY OTHER WEEK  OR  EVERY 4 WEEK DOSING

after 16 weeks of treatment[1]

Adbry™ (tralokinumab-ldrm)

Injection 150 mg/mL

Adbry is the only biologic for atopic dermatitis with a reduced maintenance dosing option[1]

IMPORTANT SAFETY INFORMATION (cont'd)

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 in patients treated 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 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:** The safety and effectiveness of ADBRY have not been established in pediatric patients.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

Reference: 1. Adbry Prescribing Information, LEO Pharma.

AdbryHCP.com