Tralokinumab-ldrm Therapeutic Cheat Sheet

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TRADE NAME

- ADBRY

MECHANISM OF ACTION

- Interleukin-13 antagonist: binds IL-13 cytokine, preventing interaction with its receptor, IL-13Ra1, and therefore, all biological activity of this cytokine.[1,2]
  - Atopic dermatitis is driven by type-2 immunity, including cytokines IL-4, IL-5, and IL-13.[1]
  - IL-13 correlates with disease severity and is the most abundant cytokine in lesional skin in patients with atopic dermatitis, contributing to inflammation, barrier dysfunction, and microbiome dysregulation.[1,3]

FDA APPROVED FOR

- Moderate-to-severe atopic dermatitis in adult patients with inadequate control with topical therapies alone.[4]

DOSING (SUBCUTANEOUS INJECTION)

- Initial dose of 600 mg (four 150 mg injections) followed by 300 mg (two 150 mg injections) every other week.[4]
- If clearance or near clearance is achieved after 16 weeks for patients under 100 kilograms, can consider decreasing the dose to 300 mg every 4 weeks.[3,4]

ADMINISTRATION[4]

- Complete age appropriate vaccinations prior to initiation.
- Avoid live vaccines while on this therapy due to risk of infection.
- Before injection, remove syringes from the refrigerator for 30 minutes, allowing the medication to reach room temperature.
- Syringes can be stored at room temperature for up to 14 days.

SIDE EFFECTS

- Hypersensitivity reactions (including anaphylaxis and angioedema)[4]
- Upper respiratory infections (viral; common cold most common)[1,2,4,5]
- However, there are lower risks of severe infections and eczema herpeticum with tralokinumab compared to placebo.[1,3,5]
  - Parasitic/helminth infections[4]
  - Conjunctivitis and keratitis[4]
  - Injection site reactions[4]
  - Eosinophilia[4]

DRUG INTERACTIONS

- No known interactions (has not been assessed).[4]

CONTRAINDICATIONS

- Hypersensitivity to tralokinumab or any excipients.[4]

PREGNANCY AND BREASTFEEDING

- Limited data for use in pregnancy; IgG antibodies are known to cross the placenta so the medication may be transmitted to the fetus.[4]
- No data is available for use while breastfeeding. Given the high molecular weight of tralokinumab, the amount in human milk is likely very low and the medication is also likely partially destroyed by the infant's gastrointestinal tract. Yet, given limited data, caution is advised.[6]

MONITORING

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