Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

Dupixent® (dupilumab) PA Criteria FOR Prurigo nodularis (PN)

Dupixent® (dupilumab) is an interleukin-4 receptor alpha antagonist FDA approved for the treatment of adult patients with prurigo nodularis (PN). Dupixent is the first medication approved for PN, a rare inflammatory skin condition that can cause severe itching and have a significant negative impact on sleep and quality of life.

ICD-10 code(s): _____

Submission of medical records or prescription claims history documenting the following requirements for the indications below is **required upon request**.

Dupixent FOR PRURIGO NODULARIS may be approved based on **ALL** of the following criteria:

INITIAL AUTHORIZATION: (will be issued for 6 months)

☐ Yes ☐ No Diagnosis of PN for a duration of at least 3 months;

-AND-

☐ Yes ☐ No Age of patient is within the age range as recommended by the FDA label;

-AND-

☐ Yes ☐ No Prescribed by or in consultation with a dermatologist or immunologist;

-AND-

☐ Yes ☐ No Severe or very severe itch (WI-NRS score ≥7) reported within the past month;

-AND-

☐ Yes ☐ No At least 20 PN lesions in total on both legs and/or both arms and/or trunk.

REAUTHORIZATION: (will be issued for 12 months)

☐ Yes ☐ No Documentation of positive clinical response to Dupixent therapy;

-AND-

☐ Yes ☐ No Patient continues to meet initial authorization criteria;

-AND-

☐ Yes ☐ No Prescribed dose does not exceed 300 mg every other week.