

NC Medicaid and NC Health Choice  
Pharmacy Prior Approval Request for  
Dupixent: Atopic Dermatitis



**Beneficiary Information**

1. Beneficiary Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Beneficiary ID #: \_\_\_\_\_ 4. Beneficiary Date of Birth: \_\_\_\_\_ 5. Beneficiary Gender: \_\_\_\_\_

**Prescriber Information**

6. Prescribing Provider NPI #: \_\_\_\_\_  
7. Requester Contact Information - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_

**Drug Information**

8. Drug Name: \_\_\_\_\_ 9. Strength: \_\_\_\_\_ 10. Quantity Per 30 Days: \_\_\_\_\_  
11. Length of Therapy (in days):  up to 30 Days  60 Days  90 Days  120 Days  180 Days

**Clinical Information**

1. Is the beneficiary 6 years of age or older?  Yes  No
2. Does the beneficiary have a diagnosis of moderate to severe Atopic Dermatitis?  Yes  No
3. Has the beneficiary failed at least two prescription topical steroids?  Yes  No **Please List:** \_\_\_\_\_
4. Does the beneficiary have a documented adverse reaction or contraindication that precludes trial of at least 2 prescription topical steroids?  Yes  No **Please List Contraindications:** \_\_\_\_\_
5. Has the beneficiary tried and failed Protopic, Elidel, Eucrisa or tacrolimus?  Yes  No
6. Does the beneficiary have a documented adverse reaction or contraindication that precludes trial of either Protopic, Elidel, Eucrisa or tacrolimus?  Yes  No **Please list Contraindications:** \_\_\_\_\_

**For continuation of therapy, please answer questions 1-8**

7. While on Dupixent, has the beneficiary had continued clinical benefit from baseline supported by medical records?  
 Yes  No

**\*\* Please provide medical records documenting the beneficiary's clinical benefit from baseline\*\***

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

**(Prescriber Signature Mandatory)**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.