



**NC Medicaid  
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 one prescription topical steroid?  Yes  No **Please List:** \_\_\_\_\_  
4. Does the beneficiary have a documented adverse reaction or contraindication that precludes trial of at least 1 prescription topical steroid?  Yes  No **Please List Contraindications:** \_\_\_\_\_  
5. Does the beneficiary have a documented adverse reaction or contraindication that precludes trial of a topical calcineurin inhibitor (e.g., pimecrolimus (ages 2 and older) or tacrolimus 0.03% (ages 2 and older) and 0.1% (ages 18 and older))?  Yes  No **Please list Contraindications:** \_\_\_\_\_

**For continuation of therapy, please answer questions 1-6**

6. 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.