

North Carolina Department of Health and Human Services
Division of Health Benefits
Dupixent for Atopic Dermatitis PA Request Form

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. Med requested: **Dupixent** 9a. Strength: _____ 9b. Quantity per 30 days _____

9c. Requested Duration (circle # days): 30 60 90 120 180

10. Is the beneficiary 18 years old or older? Yes _____ No _____

11. Does the beneficiary have a diagnosis of moderate to severe Atopic Dermatitis? Yes _____ No _____

12. Has the beneficiary failed at least 2 prescription topical steroids or has a documented adverse reaction or contraindication that precludes trial of at least 2 prescription topical steroids Yes _____ No _____

List meds tried or reason topical steroids cannot be used.

13. Has the beneficiary tried and failed on either Protopic, Elidel, Eucrisa, or tacrolimus or has a documented adverse reaction or contraindication that precludes trial of either Protopic, Elidel, Eucrisa or tacrolimus? Yes _____ No _____

List meds tried or reason Protopic, Elidel, Eucrisa, or tacrolimus cannot be used.

(For continuation of therapy answer questions #1-#13 above and questions #13 and #14)

14. Has the beneficiary received continued clinical benefit from baseline supported by medical records? Yes ___ No ___

15. Are medical records attached to this request that document clinical improvement from baseline? Yes ___ No ___

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.

This form can be uploaded into the secure NCTracks Provider Portal, faxed, or mailed to NCTracks. Fax all forms and lab work to NCTracks at: (855) 710-1969. Pharmacy PA Call Center: (866) 246-8505.