



## Atopic Dermatitis Prior Authorization Guidelines

*In general, the following criteria need to be met to obtain prior authorization approval. In the event of a prior authorization denial, recommended formulary alternatives will be provided to the prescriber based upon the patient's insurance coverage. If a prior authorization and recommended formulary alternatives are denied, our team can provide appeal support services.*

### Standard Requirements

- ☐ ISGA (Investigator's Static Global Assessment) and/or EASI (Eczema Assessment Severity Index) Score
- ☐ Assessment: Moderate/ Mod to Severe/ Severe
- ☐ Impacted Areas: Face/ Chin/ Neck/ Legs/ Hands/ Wrists/ Other
- ☐ Is the Patient Currently Using Topical Steroids?
- ☐ Prior Failed Medium to Higher Potency Topical Steroids (if any)
- ☐ Patient must have Tried/Failed a Topical Calcineurin Inhibitor (e.g., Tacrolimus)
- ☐ Does Patient have a Latex Allergy?
- ☐ **How is the Patient's Quality of Life Impacted?**
  - **Quality of Sleep?**
  - **Any Impact on the Patient's Mental State?**

### Varying Requirements Based on the Insurance

- ☐ Should be prescribed in consultation with an Allergist or Dermatologist
- ☐ Trial/Failure of Protopic® or Elidel®
- ☐ Trial/Failure of Phototherapy (UVB or PUVA)
- ☐ For Eucrisa®: patient must be 3 months of age and older
- ☐ For Dupixent®
  - Patient must be 6 years or older
  - Involvement of at least 10% body surface area (BSA)
  - Involvement of <10% BSA if involving sensitive areas (e.g., face, eyes, skin folds, genitalia)
  - Trial/Failure of Eucrisa® (if diagnosis is moderate in severity)
  - Trial/Failure of systemic immunosuppressive therapy (e.g., cyclosporine, methotrexate)
  - Not receiving Dupixent® concurrently with live vaccines and another biologic medication

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