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# Atopic Dermatitis Agents – Monoclonal Antibodies

## WA.PHAR.41 Atopic Dermatitis Agents Monoclonal Antibodies

### Related medical policies:

- Atopic Dermatitis Agents – Topical Immunosuppressive
- Atopic Dermatitis Agents – Topical Phosphodiesterase 4 (PDE4) Inhibitors

### Background:

Atopic dermatitis (AD) is a chronic, non-contagious, inflammatory disease of the skin resulting from a combination of genetic and environmental factors. Often referred to as “eczema,” it is characterized by extremely dry, itchy skin on the insides of the elbows, behind the knees, and on the face, hands, and feet.

### Medical necessity

Drug	Medical Necessity
dupilumab (Dupixent®)	Dupixent® may be considered medically necessary when: Used for the treatment of severe chronic atopic dermatitis in adults

### Clinical policy:

Drug	Clinical Criteria (Initial Approval)
dupilumab (Dupixent®)	Dupixent® may be covered when ALL of the following are met: <ol style="list-style-type: none"> <li>1. Diagnosis of severe chronic atopic dermatitis involving at least 10% of body surface area (BSA)</li> <li>2. Clinical documentation of functional impairment due to atopic dermatitis, which may include (but is not limited to) documentation of limitation of activities of daily living (ADLs), skin infections or sleep disturbances.</li> <li>3. History of failure (unable to achieve or maintain remission of low or mild disease), intolerance, contraindication or clinically inappropriate to daily use of the following:               <ol style="list-style-type: none"> <li>a. Two topical corticosteroids for daily treatment of minimum 14-days each                   <ol style="list-style-type: none"> <li>i. <u>Adults</u>: Failure of 2 high or very high potency corticosteroids in the previous 6 months, unless member has contraindication(s) to all preferred topical corticosteroids</li> </ol> </li> <li>b. Topical calcineurin inhibitors (e.g. pimecrolimus, tacrolimus) daily treatment for at least 28-days</li> <li>c. <b>ONE</b> of the following:</li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>i. Phototherapy</li> <li>ii. Systemic treatment with immunosuppressants, such as methotrexate, cyclosporine, azathioprine, mycophenolate)</li> </ul> <ul style="list-style-type: none"> <li>4. Greater than or equal to (<math>\geq</math>) 18 years of age</li> <li>5. Prescribed by or in consultation with a specialist in dermatology, allergy or pulmonology.</li> </ul> <p><b>Approve for 3 months</b></p> <p><b>Criteria (Reauthorization)</b></p> <p>Documentation of decrease in BSA involvement and resolution of associated symptoms (e.g. pruritis, inflammation, redness, etc)</p> <p><b>Approve for 6 months</b></p>
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### Dosage and quantity limits

Drug Name	Dose and Quantity Limits
dupilumab (Dupixent®)	Initial dose of 600mg (two 300mg injections), followed by 300mg every other week

## References

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