STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

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Office of Pharmacy Services
Prior Authorization Criteria
Nemluvio® (nemolizumab-ilto)
Effective 5/21/2025
Prior Authorization Request Form

NEMLUVIO® is an interleukin-31 receptor alpha antagonist indicated for:

- Atopic Dermatitis (AD) in patients 12 years of age and older with moderate-to-severe disease in combination with topical corticosteroids and/or calcineurin inhibitors when the disease is not adequately controlled with topical prescription therapies.

- Prurigo Nodularis in adults 18 years of age and older.

CRITERIA FOR APPROVAL- AD:

1. Patient has documented diagnosis of moderate-to-severe AD confirmed by a score of greater than or equal to (≥) 7 on the Peak Pruritus Numeric Rating Scale (PP-NRS) or greater than or equal to (≥) 16 on the Eczema Area and Severity Index (EASI); **AND**

2. Prescribed by, or in consultation with, an M.D./D.O. allergist, immunologist, or dermatologist; **AND**

3. The patient must be within the age range as recommended by the Food and Drug Administration (FDA) label and indication; **AND**

4. Documentation must include areas of involvement, severity of symptoms and the affected body surface area (BSA) which must be greater than or equal to (≥) 10%; **AND**

5. Patient has failed to find relief of symptoms after a minimum of 30-day trials of two agents from the following list in the last 12 months:

    a. Medium to High potency topical corticosteroid*
    b. Elidel
    c. Eucrisa
    d. Tacrolimus; **AND**

6. The patient has a had a documented intolerance, allergy, or treatment failure after a 90-day trial with Adbry and Dupixent; **AND**

7. Nemluvio will be used in combination with compliant use of prescribed topical corticosteroids and/or calcineurin inhibitors until sufficient improvement is seen.

* Trial of medium to high potency corticosteroid is required unless the affected area involves sensitive areas such as face, skin folds or genitals. However, a trial of two other agents from the list above are still required prior to Nemluvio approval.

Criteria for reauthorization (AD):

1. Patient continues to meet all initial approval criteria; **AND**

2. Demonstrate continued documented compliance; **AND**

3. Documentation of positive clinical response to Nemluvio therapy indicated by a significant improvement from baseline score on the PP-NRS or EASI and improvement of affected body surface area (BSA) has been provided.

Initial approval may be authorized for six months. Continuation of therapy may be granted for 12 months.

CRITERIA FOR APPROVAL - PRURIGO NODULARIS (PN):

1. Patient has documented diagnosis of moderate-to-severe PN lasting at least three months and is experiencing chronic pruritus not caused by an active condition (such as, neuropathic pruritic, psychogenic pruritic) other than PN; **AND**

2. Prescribed by, or in consultation with, a M.D./D.O. dermatologist, allergist, immunologist; **AND**

3. The patient must be within the age range as recommended by the Food and Drug Administration (FDA) label and indication; **AND**

4. Patient has greater than or equal to (≥) 20 nodular lesions distributed bilaterally on the legs, and/or both arms, and/or trunk with an average itch score greater than or equal to (≥) 7 on the PP-NRS; **AND**

5. The patient has a had a documented intolerance, allergy, or treatment failure after a 90-day trial with Dupixent; **AND**

6. The patient has had a trial resulting in an inadequate response/treatment failure to a super potent topical corticosteroid or an intralesional corticosteroid.

Criteria for reauthorization (PN):

1. Patient continues to meet all initial approval criteria; **AND**

2. Demonstrate continued documented compliance; **AND**

3. Documentation of a positive clinical response to Nemluvio therapy indicated by a significant improvement from baseline score on the PP-NRS and improvement of affected BSA including a reduction in nodular lesions has been provided.

Initial approval may be authorized for six months. Continuation of therapy may be granted for 12 months.