

MOTIVATION CHECKLIST FOR DUPIXENT® IN ATOPIC DERMATITIS

Clinical Entry Criteria

Clinical Diagnosis with ICD-10 code:

Date of Diagnosis:

Duration of Disease:

Disease Severity Scoring

Parts of the body involved:

BSA %:

Describe the intensity of the objective clinical signs observed

[eg. erythema, oedema, oozing/crusting, excoriation, lichenification, xerosis, pruritus]:

Atopic Dermatitis Disease Severity Scoring Tool

☐ EASI or:

☐ SCORAD or:

☐ ADCT available at: <https://www.adcontroltool.com/accessadct>:

Patient Reported Quality of Life Scoring Tools

☐ Dermatology Life Quality Index (DLQI) or:

☐ Children's Dermatology Life Quality Index (CDLQI)

☐ Dermatitis Family Impact Questionnaire (DFI)

Treatment History

Treatment/s - Dose and Duration:

Number of flares, dates of flares, severity of flares:

Symptoms [eg. Itch frequency and severity, condition of the skin, etc.]:

Response to Treatment/s:

Rationale for dose adjustments or changes in therapy [eg. dosage increases as a result of lack of efficacy, dosage decreased because of side effects]:

Complications of the patient [eg. any previous hospitalisations or emergency care for AD, recurrent severe infection, need for systemic therapy or need for oral corticosteroid use]:

Reason for discontinuation of treatment/s or contra-indications to existing therapies:

In patients that had poor response to numerous other therapies

List all previous treatments:

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Dates of relapse:

Symptoms experienced:

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Summarise the comorbidities of the patient

[eg. comorbid asthma, type 2 inflammatory conditions, psychological conditions, cardiovascular conditions, skin infections];

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Summarise the quality of life of the patient

[eg. elaborate on whether the patient is experiencing signs or symptoms of anxiety and depression, frequency of pruritus and sleep disturbances, impact on work and personal life];

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- ☐ Complete medical aid chronic application form where relevant
- ☐ Specialist prescription for Dupixent
- ☐ Photos of lesions, flares, and skin damage as a result of scratching
- ☐ Motivation by patient in own words

For assistance with Dupixent® reimbursement motivation please contact **HealthWindow:**
Dupixent MayWay patient program (dupixentmyway@supportwindow.co.za or 012 001 9302)

BSA = Body Surface Area; **DLQI** = Dermatology Life Quality Index; **CDLQI** = Children's Dermatology Life Quality Index; **EASI** = Eczema Area and Severity Index;
SCORAD = SCORing Atopic Dermatitis; **ADCT** = Atopic Dermatitis Control Tool

For full prescribing information refer to the professional information approved by the medicines regulatory authority.

[S4] DUPIXENT® 200 mg (solution for injection) **QUALITATIVE AND QUANTITATIVE COMPOSITION:** Each pre-filled syringe with needle shield contains 200 mg dupilumab in 1,14 mL solution. **REGISTRATION NUMBER:** 56/13.12/0056.

[S4] DUPIXENT® 300 mg (solution for injection) **QUALITATIVE AND QUANTITATIVE COMPOSITION:** Each pre-filled syringe with needle shield contains 300 mg dupilumab in 2 mL solution. **REGISTRATION NUMBER:** 51/13.12/0879.

HOLDER OF CERTIFICATE OF REGISTRATION: sanofi-aventis south africa (pty) ltd., Reg. no.: 1996/010381/07, Floor 5, Building I, Hertford Office Park, 90 Bekker Road, Midrand, 2196. Tel: (011) 256 3700

For Medical information enquiries please contact ZA.Medinfo@sanofi.com

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