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: .....

.....

.....

Dates of relapse: .....

Symptoms experienced: .....

.....

.....

Summarise the comorbidities of the patient

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

.....

.....

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]: .....

.....

.....

.....

- ☐ 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

sanofi | REGENERON

DUPIXENT® (dupilumab)