

# Nemolizumab-ilot (NEMLUVIO) in Prurigo Nodularis

## Criteria for Use

### December 2024

VA Pharmacy Benefits Management Services and National Formulary Committee

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

### Exclusion Criteria

If ANY of the following are selected, the patient will NOT meet criteria for nemolizumab-ilot.

- Use of live vaccines during therapy

### Inclusion Criteria

All the following criteria must be selected to meet criteria.

- Documented clinical diagnosis of prurigo nodularis for  $\geq 6$  months with  $\geq 20$  prurigo nodularis lesions on the body bilaterally
- Documented patient-reported, moderate-to-very severe itching related to prurigo nodularis within the past 4 weeks
- Prescribed and monitored by a VA / VA Community Care dermatologist or a locally designated expert in consultation with a VA / VA Community Care dermatologist
- Inadequate response or intolerance to one of the following topical therapies (unless medically inadvisable): higher potency (Group 1–3) topical corticosteroid ( $\geq 2$  weeks), pimecrolimus ( $\geq 12$  weeks), or calcipotriene ( $\geq 8$  weeks)
- An oral antihistamine, doxepin, or amitriptyline is medically inadvisable, not tolerated, or not adequate (after  $\geq 2$  weeks)
- Phototherapy is medically inadvisable, not available, not feasible, not tolerated, or not adequate <sup>^1</sup>
- Dupilumab is medically inadvisable, not tolerated, or not adequate (after  $\geq 24$  weeks)
- Completed all age-appropriate vaccinations as per current immunization guidelines (preferably  $\geq 2$  weeks before initiating therapy)

### Additional Inclusion Criteria – Select If Applicable

- For patients who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception during therapy.
- For patients who are lactating / providing breastmilk to an infant or planning to do so: Counseling provided on the potential risks vs benefits of treatment.

### Other Justification

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### Footnotes

- 1 Phototherapy: NO treatment benefit after 12 treatments or inadequate partial response after 24 treatments. Reasons for phototherapy being medically inadvisable include (and are not limited to) CONFIRMED (preferably by a written biopsy report) history of skin cancer, melanoma, or strong likelihood of developing them (e.g., Fitzpatrick skin type I or II = pale skin, easily sunburns).

Prepared: December 2024.

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