Mass General Brigham
Health Plan

# Nemluvio (nemolizumab-ilto)
# Effective 01/01/2027

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| **Plan** | ☐ MassHealth UPPL<br>☒ Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☐ Quantity Limit<br>☐ Step Therapy |
| **Benefit** | ☒ Pharmacy Benefit<br>☐ Medical Benefit | | |
| **Specialty Limitations** | N/A | | |
| **Contact Information** | **Medical Benefit**<br>**Pharmacy Benefit** | Phone: 833-895-2611<br>Phone: 800-711-4555 | Fax: 888-656-6671<br>Fax: 844-403-1029 |
| **Exceptions** | N/A | | |

**Overview**
Nemluvio (nemolizumab-ilto) is an interleukin-31 receptor antagonist indicated for:

- The treatment of adults with prurigo nodularis
- The treatment of adult and pediatric patients 12 years of age and older with moderate-to-severe atopic dermatitis in combination with topical corticosteroids and/or calcineurin inhibitors when the disease is not adequately controlled with topical prescription therapies

**Coverage Guidelines**
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
**OR**
Authorization may be granted when all of the following diagnosis-specific criteria are met:

**Atopic Dermatitis:**

1. Diagnosis of moderate to severe atopic dermatitis
2. Member is 12 years of age or older
3. Affected body surface is greater than or equal to 10% body surface area OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected
4. Member has had trial and failure of a minimum 30-day supply (14-day supply for topical corticosteroids), intolerance, or contraindication to at least ONE of the following:
    a. Medium or higher potency topical corticosteroid (see Appendix)
    b. Pimecrolimus cream
    c. Tacrolimus ointment
    d. Eucrisa

**Prurigo Nodularis**

1. Diagnosis of prurigo nodularis
2. Member is 18 years of age or older

3. Member has at least 20 nodular lesions
4. Member meets ONE of the following:
    a. Inadequate response to ONE of the following:
        i. Medium to super high potency topical steroid (see Appendix A)
        ii. Topical calcineurin inhibitor
        iii. Phototherapy (e.g., UVB, PUVA)
        iv. Pharmacologic treatment with methotrexate or cyclosporine
    b. Intolerance or a clinical reason to avoid ANY of the following:
        i. Medium to super high potency topical corticosteroid (see Appendix) and topical calcineurin inhibitor
        ii. Pharmacologic treatment with methotrexate and cyclosporine

**Continuation of Therapy**

Requests for reauthorization will be approved when all of the following diagnosis-specific criteria are met:

**Atopic Dermatitis:**

1. Submission of medical records (e.g., chart notes) demonstrating clinical improvement in the member's condition as evidenced by low disease activity (e.g., clear or almost clear skin), or improvement in signs and symptoms of atopic dermatitis (e.g., redness, itching, oozing/crusting).

**Prurigo Nodularis:**

1. Member is 18 years of age or older
2. Member has achieved or maintained positive clinical response as evidenced by one of the following:
    a. Low disease activity (i.e., clear or almost clear skin).
    b. Reduction in pruritus intensity and improvement in extent and severity of nodular lesions.

**Limitations**

1. Initial approvals for the treatment of atopic dermatitis will be granted for 6 months
2. Initial approvals for the treatment of prurigo nodularis will be granted for 4 months
3. Reauthorizations will be granted for 12 months
4. The following quantity limits apply

| Drug Name and Dosage | Quantity Limit |
|---|---|
| Nemluvio pen | 2 pens per 28 days |

**Appendix**

**Relative potency of select topical corticosteroid products**

| Potency | Drug | Dosage form | Strength |
|---|---|---|---|
| I. Super-high potency (group 1) | Augmented betamethasone dipropionate | Ointment, Lotion, Gel | 0.05% |
| | Clobetasol propionate | Cream, Gel, Ointment, Solution, Cream (emollient), Lotion, Shampoo, Foam, Spray | 0.05% |
| | Fluocinonide | Cream | 0.1% |
| | Flurandrenolide | Tape | 4 mcg/cm$^2$ |
| | Halobetasol propionate | Cream, Lotion, Ointment, Foam | 0.05% |
| II. High potency (group 2) | Amcinonide | Ointment | 0.1% |

| Potency | Drug | Dosage form | Strength |
|---|---|---|---|
| | Augmented betamethasone dipropionate | Cream | 0.05% |
| | Betamethasone dipropionate | Ointment | 0.05% |
| | Clobetasol propionate | Cream | 0.025% |
| | Desoximetasone | Cream, Ointment, Spray | 0.25% |
| | | Gel | 0.05% |
| | Diflorasone diacetate | Ointment, Cream (emollient) | 0.05% |
| | Fluocinonide | Cream, Ointment, Gel, Solution | 0.05% |
| | Halcinonide | Cream, Ointment | 0.1% |
| | Halobetasol propionate | Lotion | 0.01% |
| III. High potency (group 3) | Amcinonide | Cream, Lotion | 0.1% |
| | Betamethasone dipropionate | Cream, hydrophilic emollient | 0.05% |
| | Betamethasone valerate | Ointment | 0.1% |
| | | Foam | 0.12% |
| | Desoximetasone | Cream, Ointment | 0.05% |
| | Diflorasone diacetate | Cream | |
| | Fluocinonide | Cream, aqueous emollient | 0.05% |
| | Fluticasone propionate | Ointment | 0.005% |
| | Mometasone furoate | Ointment | 0.1% |
| | Triamcinolone acetonide | Cream, Ointment | 0.5% |
| IV. Medium potency (group 4) | Betamethasone dipropionate | Spray | 0.05% |
| | Clocortolone pivalate | Cream | 0.1% |
| | Fluocinolone acetonide | Ointment | 0.025% |
| | Flurandrenolide | Ointment | 0.05% |
| | | | |
| | Hydrocortisone valerate | Ointment | 0.2% |
| | Mometasone furoate | Cream, Lotion, Solution | 0.1% |
| | Triamcinolone acetonide | Cream | 0.1% |
| | | Ointment | 0.05% and 0.1% |
| | | Aerosol Spray | 0.2 mg per 2-second spray |
| V. Lower-mid potency (group 5) | Betamethasone dipropionate | Lotion | 0.05% |
| | Betamethasone valerate | Cream | 0.1% |
| | Desonide | Ointment, Gel | 0.05% |
| | Fluocinolone acetonide | Cream | 0.025% |
| | Flurandrenolide | Cream, Lotion | 0.05% |
| | Fluticasone propionate | Cream, Lotion | 0.05% |
| | Hydrocortisone butyrate | Cream, Lotion, Ointment, Solution | 0.1% |
| | Hydrocortisone probutate | Cream | 0.1% |
| | Hydrocortisone valerate | Cream | 0.2% |
| | Prednicarbate | Cream (emollient), Ointment | 0.1% |
| | Triamcinolone acetonide | Lotion | 0.1% |
| | | Ointment | 0.025% |

| Potency | Drug | Dosage form | Strength |
|---|---|---|---|
| VI. Low potency (group 6) | Alclometasone dipropionate | Cream, Ointment | 0.05% |
| | Betamethasone valerate | Lotion | 0.1% |
| | Desonide | Cream, Lotion, Foam | 0.05% |
| | Fluocinolone acetonide | Cream, Solution, Shampoo, Oil | 0.01% |
| | Triamcinolone acetonide | Cream, lotion | 0.025% |
| VII. Least potent (group 7) | Hydrocortisone (base, less than 2%) | Cream, Ointment, Solution | 2.5% |
| | | Lotion | 2% |
| | | Cream, Ointment, Gel, Lotion, Spray, Solution | 1% |
| | | Cream, Ointment | 0.5% |
| | Hydrocortisone acetate | Cream | 2.5% |
| | | Lotion | 2% |
| | | Cream | 1% |

**References**


1. Nemluvio (nemolizumab-ilto) [prescribing information]. Dallas, TX: Galderma Laboratories, LP: June 2025.


**Review History**

09/09/2026 – Created and reviewed at September P&T. Effective 01/01/2027.