

Purpose:

Use this checklist to ensure all required, payor-relevant elements are included in the initial submission for EoE medications to reduce delays, denials, and rework.

I. Documentation best practices
<ul style="list-style-type: none"> <input type="checkbox"/> Standardize documentation using a consistent internal checklist or EMR template <input type="checkbox"/> Organize all relevant information in a single, easy-to-review location <input type="checkbox"/> Avoid acronyms or shorthand that may not translate to reviewers <input type="checkbox"/> Align documentation with payor expectations and guideline-based care <input type="checkbox"/> Use real-time benefit check (RTBC) tools when available to confirm: <ul style="list-style-type: none"> <input type="radio"/> Coverage <input type="radio"/> Cost-sharing <input type="radio"/> PA requirements
II. Diagnostic confirmation
<p>Ensure documentation reflects:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms of esophageal dysfunction <input type="checkbox"/> Histologic confirmation (≥ 15 eos/hpf) <input type="checkbox"/> Exclusion of alternative causes
III. Disease activity (focus on payor-relevant elements)
<p>Prioritize clinically meaningful documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Endoscopic findings (eg, EREFS or clear narrative description) <input type="checkbox"/> Presence of strictures or narrowing (include diameter if available) <input type="checkbox"/> Ongoing inflammation despite therapy <p><i>Note: Use of non-guideline scoring tools is optional and may not influence payor decisions.</i></p>

QUICK SUBMISSION CHECKLIST

Administrative completeness

- Correct PA form obtained (payor/PBM/CoverMyMeds®/state-required form)
- All patient + provider fields completed
- Signed and dated
- Pharmacy benefit card included (if required)
- Reauthorization requirements noted

Confirmed diagnosis (guideline-aligned)

- Symptoms of esophageal dysfunction documented
- Histologic confirmation ≥ 15 eos/hpf
- Competing causes excluded
- Diagnosis aligned with consensus guidelines

Prior therapy documentation

For each prior therapy, include the following:

- Therapy name
- Dose
- Duration (typically $\geq 8-12$ weeks where applicable)
- Objective response

Defined inadequate response

- Avoid vague statements such as "failed therapy"
- Persistent symptoms (eg, dysphagia, food impaction)
- Histologic activity (eg, ≥ 15 eos/hpf)
- Endoscopic findings (eg, rings, strictures, furrows)
- Complications (eg, fibrostenosis)

Supporting clinical evidence

- Most recent endoscopy findings documented (EREFS or narrative)
- Relevant pathology results included
- Disease severity described in clinically meaningful terms

Medical necessity framing

- Persistent, life-impacting symptoms documented
- Treatment failure despite adherence
- Rationale for requested therapy clearly stated
- Risk of progression or complications noted

Check for common coverage authorization denial reasons

- Missing therapy duration
- No defined inadequate response
- Lack of objective evidence (pathology/endoscopy)
- Incomplete PA form or missing signature

IV. Prior therapy documentation
 Dietary elimination therapy

- 1FED/2FED/4FED/6FED
- Targeted diet elimination
- Not feasible due to QoL, adherence, or nutritional risk
- Elemental formula

 PPI therapy

Adults: Omeprazole 20 mg BID or 40 mg daily or equivalent dosing using other PPIs

Children: Omeprazole 2 mg/kg/day (or 1 mg/kg BID) or equivalent dosing using other PPIs

Dose/duration: _____

- Inadequate response: _____
- Intolerance/adverse effects
- Contraindicated

 Swallowed topical corticosteroids

- Budesonide respules

Dose/duration: _____

- Inadequate response _____
- Intolerance/adverse effects
- Contraindicated

- Budesonide oral suspension, 2 mg BID x 12 weeks

Dose/duration: _____

- Inadequate response _____
- Intolerance/adverse effects
- Contraindicated

- Fluticasone

Dose/duration: _____

- Inadequate response _____
- Intolerance/adverse effects
- Contraindicated

 Biologics

- Dupilumab (for patients ≥ 1 year)

Dose/duration: _____

- Inadequate response _____
- Intolerance/adverse effects
- Contraindicated

 Other _____

V. Defining inadequate response

- Include specific, objective criteria such as:
 - “Persistent dysphagia despite ≥8 weeks of high-dose PPI”
 - “Peak eosinophil count of XX eos/hpf after therapy”
 - “Endoscopy showing persistent rings/furrows/stricture”

VI. Suggested documentation language (EMR/DOT PHRASE)

Biologic Epic dot phrase example:

At this time, dupilumab is indicated as follows:

- 1) The patient has a confirmed diagnosis of EoE with symptoms of esophageal dysfunction, at least 15 eos/hpf (for example the EGD on XXX showed a peak eosinophil count of XX eos/hpf), and other secondary causes of esophageal eosinophilia excluded. This diagnosis is confirmed as per consensus guidelines (PMID 30009819: Dellon ES, Liacouras CA, Molina-Infante J, Furuta GT, et al. Updated International Consensus Diagnostic Criteria for Eosinophilic Esophagitis: Proceedings of the AGREE Conference. *Gastroenterology*. 2018;155(4):1022-1033.e10).
- 2) The patient has persistent and life-impacting symptoms of dysphagia.
- 3) The patient has not responded to PPI – the patient had a peak eosinophil count of XX eos/hpf on the XXX EGD after treatment with high-dose PPI using omeprazole 40 mg daily for more than 2 months.
- 4) The patient has not had an adequate response to topical steroids (for example the EGD on XXX showed a peak eosinophil count of XX eos/hpf).

Based on all of these reasons, it is clear dupilumab is medically indicated and necessary. I will send the prescription and start the approval process.

VII. Appeals and escalation

- Address specific reasons for denial (missing or incorrect information)
- Submit clear, concise appeal with supporting documentation
- Request peer-to-peer review (GI or allergist when appropriate)
- Consider independent medical review (IMR) when applicable
- Expedite urgent cases (typically ≤72 hours)

VIII. Coverage and affordability considerations

- Manufacturer assistance programs may support temporary access
- Specialty pharmacies may assist with:
 - Benefits investigation
 - Patient assistance enrollment

Note: Use of patient assistance programs do not guarantee future coverage approval.

IX. Important considerations

- Payor requirements vary (commercial, Medicare, Medicaid)
- Use this worksheet as a baseline, and refine based on plan-specific criteria
- Incorporate learnings from prior denials to improve future submissions