Dupixent (dupilumab)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Dupixent (dupilumab) 100 mg/0.67 mL syringe	2 syringes per 28 days
Dupixent (dupilumab) 200 mg/1.14 mL pre-filled syringe/pen*	• 11 years old or younger: 1 syringe/pen every 28 days@^ • 12 years old or older: 2 syringes/pens every 28 days
Dupixent (dupilumab) 300 mg/2 mL pre-filled syringe, 300 mg/2mL pre-filled pen**	• 11 years old or younger: 1 syringe/pen per 28 days% • 12 years old or older: 2 syringes/pens per 28 days#

*Initiation of therapy: May approve two additional 200 mg/1.14 mL OR 300 mg/2 mL pre-filled syringes/pens in the first month of therapy for initiation dose for the indication of atopic dermatitis if the individual is 6 years old or older OR asthma if the individual is 12 years old or older OR prurigo nodularis.

@For individuals weighing 30kg or more, may approve 2 syringes/pens per 28 days.
% For individuals more than 30 kg, may approve 2 syringes/pens per 28 days.
^ In the treatment of eosinophilic esophagitis: May approve 2 syringes/pens per 28 days.
# In the treatment of eosinophilic esophagitis: May approve 4 syringes/pens per 28 days.

APPROVAL CRITERIA

Initial requests for Dupixent (dupilumab) for the treatment of asthma may be approved if the following criteria are met:

I. Individual is 6 years of age or older; **AND**
II. Individual has a diagnosis of moderate-to-severe asthma as demonstrated by the following (NHLBI 2020):
    A. A pretreatment forced expiratory volume in 1 second (FEV_1) less than or equal to (≤) 80% predicted; **AND**
    B. FEV_1 reversibility of at least 12% and 200 milliliters (ml) after albuterol (salbutamol) administration; **AND**
III. One of the following:

A. Documentation is provided that individual has a blood eosinophil count (in the absence of other potential causes of eosinophilia, including hypereosinophilic syndromes, neoplastic disease, and known or suspected parasitic infection) greater than or equal to 150 cells/microliter [1 microliter (µL) is equal to 1 cubic millimeter (mm^3)] at initiation of therapy; **AND**
B. Documentation is provided that individual has had a 3 month trial and inadequate response or intolerance to combination controller therapy (high dose inhaled corticosteroids plus long acting $beta_2$ –agonists, leukotriene modifiers, theophylline or oral corticosteroids) (ERS/ATS 2013, GINA 2022);

OR

C. Individual has oral corticosteroid dependent asthma; **AND**
D. Documentation is provided that individual has had a 3 month trial and inadequate response or intolerance to high dose inhaled corticosteroid with daily oral glucocorticoids given in combination with a controller medication (either a long-acting $beta_2$-agonist, **or** leukotriene receptor antagonist, **or** theophylline) (ERS/ATS 2013, GINA 2022);

AND

IV. Individual has experienced two or more asthma exacerbations in the prior 12 months requiring use of a systemic corticosteroid **or** temporary increase in the individual's usual maintenance dosage of oral corticosteroids (Castro 2018, Rabe 2018).

Continuation of therapy with Dupixent (dupilumab) for asthma may be approved if the following criteria are met:

I. Individual has experienced one or more of the following:
   A. Decreased utilization of reliever medications; **OR**
   B. Decreased frequency of exacerbations (defined as worsening of asthma that requires an increase in inhaled corticosteroid dose or treatment with systemic corticosteroids); **OR**
   C. Increase in predicted FEV_1 from pretreatment baseline; **OR**
   D. Reduction in reported asthma-related symptoms, such as, asthmatic symptoms upon awakening, coughing, fatigue, shortness of breath, sleep disturbance, or wheezing; **AND**
   E. Individual continues to use Dupixent in combination with inhaled corticosteroid-based controller therapy.

Initial requests for Dupixent (dupilumab) for the treatment of atopic dermatitis may be approved when the following criteria are met:

I. Individual is 6 months or older; **AND**
II. Individual has a diagnosis of moderate to severe atopic dermatitis; **AND**

III. Documentation is provided that individual has tried one of the following, and treatment failed to achieve and maintain remission of low or mild disease activity:
   A. Topical calcineurin inhibitors;
      OR
   B. Eucrisa;
      OR
   C. Opzelura;
      OR
   D. Phototherapy (UVB or PUVA);
      OR
   E. Non-corticosteroid systemic immunosuppressants (such as cyclosporine, azathioprine, methotrexate, or mycophenolate mofetil);
      OR
   F. Individual has contraindications to topical calcineurin inhibitors **AND** Eucrisa **AND** Opzelura **AND** Non-corticosteroid systemic immunosuppressants (such as cyclosporine, azathioprine, methotrexate, or mycophenolate mofetil) **AND** unable to use Phototherapy.

Continuation requests for Dupixent (dupilumab) for atopic dermatitis may be if approved if the following criterion is met:

I. Treatment with Dupixent has resulted in significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to decrease in affected body surface area, pruritus, or severity of inflammation, and/or improved quality of life).

Initial requests for Dupixent (dupilumab) for the treatment of chronic rhinosinusitis with nasal polyposis (CRSwNP) may be approved if the following criteria are met:

I. Individual is age 18 years and older; **AND**
II. Documentation is provided that individual has a diagnosis of CRSwNP confirmed by one of the following (AAO-HNSF 2015):
   A. Anterior rhinoscopy; **OR**
   B. Nasal endoscopy; **OR**
   C. Computed tomography (CT); **AND**
III. Individual has had recent trial and inadequate response to maintenance intranasal corticosteroids (AAO-HNSF 2015); **AND**
IV. Individual has had a trial and inadequate response or intolerance to one of the following agents (A or B) or has contraindications to all of the following agents (both A and B):
   A. Systemic corticosteroids; **OR**
   B. Sino-nasal surgery; **AND**
V. Individual is requesting Dupixent (dupilumab) as add-on therapy to maintenance intranasal corticosteroids.

Continuation requests for Dupixent (dupilumab) for nasal polyps may be if approved if the following criterion is met:

I. Treatment with Dupixent has resulted in confirmed clinically significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to improvement in nasal polyp score or nasal congestion score).

Initial requests for Dupixent (dupilumab) for the treatment of eosinophilic esophagitis (EoE) may be approved if the following criteria are met:

I. Individual is 1 year of age or older and weighs at least 15kg; **AND**
II. Documentation is provided that individual has a diagnosis of EoE confirmed by the following (NCT03633617):
    A. 15 or more intraepithelial eosinophils per high-power field (eos/hpf); **AND**
    B. Symptoms of dysphagia; **AND**
III. Individual has tried a course of proton pump inhibitors (PPIs) (Hirano,2020); **OR**
IV. Individual has tried a course of glucocorticoids (including but not limited to fluticasone propionate metered dose inhaler swallowed instead of inhaled, or budesonide inhalation swallowed instead of inhaled) for the treatment of EoE (Hirano, 2020)

Continuation requests for Dupixent (dupilumab) for EoE may be if approved if the following criteria is met:

I. Treatment with Dupixent has resulted in confirmed clinically significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to improvement in symptoms of dysphagia).

Initial requests for Dupixent (dupilumab) for the treatment of Prurigo Nodularis (PN) may be approved if the following criteria are met:

I. Individual has a diagnosis of PN; **AND**
II. Individual has 20 or more PN lesions (NCT04202679); **AND**
III. Individual meets *one* of the following (A or B):
    A. Individual has tried at least a two (2) week course of medium to super-potent topical corticosteroids or such topical corticosteroids are not appropriate for the individual (NCT04202679); **OR**
        1. Topical corticosteroids are not indicated due to severe hypersensitivity reactions or concomitant clinical situations, including but not limited to (NCT04202679):
            a. Individual has lesions located in sensitive areas (including, but not limited to, face, anogenital area or skin folds); **OR**
            b. Individual has steroid-induced atrophy; **OR**

c. History of long-term or uninterrupted topical steroid use;

OR

B. Individual has tried a course of topical calcineurin inhibitors for two (2) weeks has failed to achieve and maintain remission of low or mild disease activity state or topical calcineurin inhibitors are not appropriate for the individual (NCT04202679); **OR**

1. Topical calcineurin inhibitors (TCI) are not indicated due to severe hypersensitivity reactions or concomitant clinical situations, including but not limited to:
   a. History of or active malignant or pre-malignant skin conditions; **OR**
   b. Individual has Netherton's Syndrome or other skin diseases that can increase the risk of systemic absorption of TCI; **OR**
   c. Individual is considered to be immunocompromised, including those on systemic immunosuppressive medications on an ongoing basis.

Continuation requests for Dupixent (dupilumab) for PN may be if approved if the following criteria is met:

I. Treatment with Dupixent has resulted in confirmed clinically significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to improvement of symptoms such as decreased itching, or decreased number or thickness of PN lesions).

Dupixent (dupilumab) may not be approved for the following:

I. In combination with oral or topical JAK inhibitors; **OR**
II. In combination with biologic immunomodulators; **OR**
III. In combination with other immunosuppressants (such as cyclosporine, azathioprine, mycophenolate mofetil, or methotrexate); **OR**
IV. In combination with Cinqair, Tezspire, Fasenra, Nucala or Xolair; **OR**
V. Individual is requesting Dupixent for the treatment of asthma; **AND**
   A. Individual has current blood eosinophils greater than 1500 cells/microliter [1 microliter (µL) is equal to 1 cubic millimeter (mm3)] (GINA 2022);**AND**
   B. Asthma related causes have been excluded (GINA 2022);

OR

VI. Requests for Dupixent (dupilumab) may not be approved when the above criteria are not met and for all other indications.

Key References:

1. Blauvelt A, de Bruin-Weller M, Gooderham M, et al. Long-term management of moderate-to-severe atopic dermatitis with dupilumab and concomitant topical corticosteroids (LIBERTY AD CHRONOS): a 1-year, randomised, double-blinded, placebo-controlled, phase 3 trial. Lancet. 2017; 389(10086):2287-2303.
2. Castro M, Corren J, Pavord J, et al. Dupilumab efficacy and safety in moderate to severe asthma. *New Engl J Med*. 2018; 378: 2486-96.
3. Chung KF, Wenzel SE, Brozek JL, et.al. International European Respiratory Society/American Thoracic Society guidelines on definition, evaluation and treatment of severe asthma. *Eur Respir J*. 2014; 43(2):343-373.
4. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: http://www.clinicalpharmacology.com. Updated periodically.
5. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: June 22, 2022.
6. Davis DMR, Drucker AM, Alikhan A, et al. Guidelines of care for the management of atopic dermatitis in adults with phototherapy and systemic therapies. J Am Acad Dermatol. 2024;90(2):e43-e56. doi:10.1016/j.jaad.2023.08.102
7. Diprolene (betamethasone dipropionate lotion). 1983. Revised 5/2019. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. Available at file:///C:/Users/AF38863/Downloads/20190514_dbe069ce-f93e-4f67-bcb2-dfbb932a1f15.pdf. Accessed July 12, 2021.
8. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
9. Eichenfield L. Guidelines of care for the management of atopic dermatitis: section 2. Management and treatment of atopic dermatitis with topical therapies. Journal of the American Academy of Dermatology. 2014-01;71:116.
10. Elidel (pimecrolimus cream). 2001. Revised 12/2017. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. Available at file:///C:/Users/AF38863/Downloads/20191218_e4027e5a-0f9b-4070-b196-f60172f45c4c.pdf. Accessed July 12, 2021.
11. Elmariah, Sarina et al. "Practical approaches for diagnosis and management of prurigo nodularis: United States expert panel consensus." *Journal of the American Academy of Dermatology* vol. 84,3 (2021): 747-760. doi:10.1016/j.jaad.2020.07.025
12. Cloutier MM, Baptist AP, Blake KV, et al; Expert Panel Working Group of the National Heart, Lung, and Blood Institute administered and coordinated National Asthma Education and Prevention Program Coordinating Committee; 2020 focused updates to the asthma management guidelines: a report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group [published correction appears in J Allergy Clin Immunol. 2021;147(4):1528–1530]. J Allergy Clin Immunol. 2020;146(6):1217-1270. Available from: https://www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates. Accessed June 22, 2022.
13. Reddel HK, Bacharier LB, Bateman ED, et al. Global Initiative for Asthma Strategy 2022: Global Strategy for Asthma Management and Prevention. Available from: https://ginasthma.org/wp-content/uploads/2022/05/GINA-Main-Report-2022-FINAL-22-05-03-WMS.pdf. Accessed June 22, 2022
14. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
15. Hirano I, Chan ES, Rank MA, et al. AGA institute and the joint task force on allergy-immunology practice parameters clinical guidelines for the management of eosinophilic esophagitis. *Ann Allergy Asthma Immunol*. 2020;124(5):416-423. doi:10.1016/j.anai.2020.03.020. Accessed on: June 22, 2022
16. Rabe KF, Nair P, Brusselle G, et al. Efficacy and safety of dupilumab in glucocorticoid-dependent severe asthma. *New Engl J Med*. 2018; 378:2475-85.
17. Peters AT, Spector S, Hsu J, et al. Diagnosis and management of rhinosinusitis: a practice parameter update. American College of Allergy, Asthma & Immunology. 2014;113:347-385. Accessed July 12, 2021.
18. Protopic (tacrolimus ointment). 2000. Revised 4/2019. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. Available at file:///C:/Users/AF38863/Downloads/20190501_51218de3-dabc-4972-9c5b-750c8b1d8083.pdf Accessed July 12, 2021.
19. Rosenfeld RM, Piccirillo JF, Chandrasekhar SS, et.al. American Academy of Otolaryngology-Head and Neck Surgery Clinical Practice Guideline (Update): Adult Sinusitis. *Otolaryngology-Head and Neck Surgery.* 2015;152(2S)SI-S39. Accessed July 12, 2021.
20. Sidbury, Robert et al. "Guidelines of care for the management of atopic dermatitis in adults with topical therapies." Journal of the American Academy of Dermatology vol. 89,1 (2023): e1-e20. doi:10.1016/j.jaad.2022.12.029
21. Ständer, Sonja et al. (2020). IFSI-guideline on chronic prurigo including prurigo nodularis. Itch. 5. e42-e42. 10.1097/itx.0000000000000042. Stevens WW, Schleimer RP, Kern RC. Chronic Rhinosinusitis with Nasal

Polyps. J Allergy Clin Immunol Pract. 2016;4(4):565-572. doi:10.1016/j.jaip.2016.04.012. Accessed June 22, 2022.
22. Study of Dupilumab for the Treatment of Patients With Prurigo Nodularis, Inadequately Controlled on Topical Prescription Therapies or When Those Therapies are Not Advisable (PRIME2). ClinicalTrials.gov identifier: NCT04202679. Updated September 28, 2022. Accessed October 7, 2022. https://clinicaltrials.gov/ct2/show/NCT04202679
23. Study of Dupilumab for the Treatment of Patients With Prurigo Nodularis, Inadequately Controlled on Topical Prescription Therapies or When Those Therapies are Not Advisable (LIBERTY-PN PRIME). ClinicalTrials.gov identifier: NCT04183335. Updated September 28, 2022. Accessed October 7, 2022. https://clinicaltrials.gov/ct2/show/record/NCT04183335
24. Ultravate (halobetasol propionate lotion). 1990. Revised 5/2020. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. Available at file:///C:/Users/AF38863/Downloads/20200509_0d563d44-17fd-4976-9f2c-f1d509f29587.pdf. Accessed July 12, 2021.
25. Wenzel S. Treatment of severe asthma in adolescents and adults. Last updated June 11, 2020. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: July 12, 2021.
Wenzel S, Castro M, Corren J, et al. Dupilumab efficacy and safety in adults with uncontrolled persistent asthma despite use of medium to high dose inhaled corticosteroids plus a long-acting Beta-2 agonist: a randomized double-blind, placebo-controlled pivotal phase 2b dose-ranging trial. *Lancet*. 2016; 388:31-44.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.