

PHARMACY COVERAGE GUIDELINE

DUPIXENT® (dupilumab) injection Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
 - This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
 - Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
 - The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
 - The “Description” section describes the Service.
 - The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
 - The “Resources” section lists the information and materials we considered in developing this PCG
 - **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
 - Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.
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Medical Necessity Requirements for **DUPIXENT** (dupilumab)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by, or in consultation with a physician specializing in the condition being treated (Allergist, Immunologist, Pulmonologist, Otolaryngologist, Gastroenterologist, Dermatologist, or other relevant specialist)

Indication

- **Moderate to severe asthma**

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- Eosinophilic phenotype **or** oral corticosteroid dependent
- Dupixent (dupilumab) will be used as add on maintenance treatment
- **Moderate to severe atopic dermatitis (AD)**
 - Disease is not adequately controlled with topical prescription therapies or those therapies are not advisable
- **Chronic rhinosinusitis with nasal polyposis (CRSwNP)**
 - Symptoms are inadequately controlled
 - Dupixent (dupilumab) will be used as add on maintenance treatment
- **Eosinophilic esophagitis (EoE)**
- **Prurigo nodularis (PN)**
- **Chronic obstructive pulmonary disease (COPD)**
 - Inadequately controlled COPD and an eosinophilic phenotype
 - Dupixent (dupilumab) will be used as add on maintenance treatment
- **Chronic spontaneous urticaria (CSU)**
 - Symptoms persist despite treatment with histamine type 1 (H1) antihistamine
- **Bullous pemphigoid (BP)**

Age Requirement

- Asthma: 6 years or older and weighing at least 15 kilograms
- Atopic dermatitis (AD): 6 months or older and weighing at least 5 kilograms
- Chronic rhinosinusitis with nasal polyposis (CRSwNP): 12 years or older
- Eosinophilic esophagitis (EoE): 1 year or older and weighing at least 15 kilograms
- Prurigo nodularis (PN): 18 years or older
- Chronic Obstructive Pulmonary Disease (COPD): 18 years or older
- Chronic spontaneous urticaria (CSU): 12 years or older and weight at least 30 kilograms
- Bullous pemphigoid (BP): 18 years or older

Baseline Clinical Evaluation

- **Moderate to severe asthma**
 - Asthma before treatment is at least persistent and moderate to severe in severity
 - **ONE** of the following asthma types:
 1. Eosinophilic asthma with blood eosinophil count 150 cells per mL or greater within the last 6 weeks **or** history of blood eosinophil count 300 cells per mL or greater
 2. Corticosteroid dependent asthma requiring a minimum daily oral dose of prednisone 5 mg (or equivalent dose of another corticosteroid)
 - Asthma remains uncontrolled defined by **ONE** of the following:
 1. Asthma Control Test (ACT) score 20 or less
 2. Two or more asthma exacerbations in the previous year that required systemic corticosteroids
 3. One or more severe asthma exacerbations in the previous year that required hospitalization or emergency room visit

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4. FEV1 less than eighty percent of predicted
 5. Requires oral corticosteroid maintenance therapy
- **Moderate to severe atopic dermatitis (AD)**
 - Lesions involve at least 10 percent of body surface area **or** involve sensitive areas (face, head, neck, hands, feet, groin, or intertriginous areas)
 - Weekly averaged worst daily peak pruritus Numeric Rating Scale (NRS) score at least 3
 - **ONE** of the following disease severity measures:
 1. Investigator Global Assessment (IGA) score at least 3
 2. Eczema Area and Severity Index (EASI) score at least 7
 - **Chronic rhinosinusitis with nasal polyposis (CRSwNP)**
 - Nasal polyposis is documented by direct examination, nasal endoscopy, **or** sinus computed tomography (CT) scan
 - At least 12 weeks of anterior or posterior rhinorrhea and **TWO** of the following:
 1. Mucopurulent discharge
 2. Nasal obstruction or congestion
 3. Facial pain or pressure
 4. Diminished or loss of sense of smell
 - **Eosinophilic esophagitis (EoE)**
 - Symptoms of dysphagia with solid foods
 - Endoscopic biopsy shows at least 15 intraepithelial eosinophils per high power field; copy of endoscopy report is required
 - **Prurigo nodularis (PN)**
 - Worst Itch Pruritus Numeric Rating Scale score at least 7
 - At least 20 nodular or pruriginous lesions on both legs, both arms, and/or trunk, corresponding to Investigator Global Assessment stage at least 3
 - **Chronic obstructive pulmonary disease (COPD)**
 - Moderate to severe signs and symptoms of chronic bronchitis are present (such as chronic productive cough, shortness of breath, wheezing, increased sputum volume and/or increased sputum purulence) with no other cause of chronic cough
 - Medical Research Council Dyspnea Scale (MRC) grade at least 2
 - Post bronchodilator FEV1 to FVC ratio less than 0.70
 - Post bronchodilator ppFEV1 between 30 percent to 70 percent
 - Documented type 2 inflammation (e.g., blood eosinophils 300 hundred cells per mL or greater)
 - Documented high exacerbation risk defined as **BOTH** of the following:
 1. Two moderate exacerbations **or** 1 severe exacerbation within the previous year
 2. One exacerbation occurred while taking ICS plus LABA plus LAMA, **or** LABA plus LAMA if ICS is contraindicated
 - Moderate to severe exacerbations required systemic corticosteroids and/or antibiotics **or** required hospitalization or observation for more than 24 hours in an emergency department or urgent care facility

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- Background maintenance therapy will be continued while using Dupixent (dupilumab)
- **NONE** of the following are present:
 1. Significant pulmonary disease other than COPD (e.g., lung fibrosis, sarcoidosis, interstitial lung disease)
 2. Cor pulmonale or evidence of right heart failure
 3. Oxygen therapy more than 12 hours per day
 4. Hypercapnia requiring bi level ventilation
 5. Active respiratory infection
 6. Alpha one antitrypsin deficiency
- **Chronic spontaneous urticaria (CSU)**
 - No other forms of urticaria or other skin diseases with chronic itching
 - Itch and hives occur on most days of the week for at least 6 consecutive weeks within the last 6 months
 - Weekly Urticaria Activity Score (UAS7) at least 16
 - Weekly Itch Severity Score (ISS7) at least 8
- **Bullous pemphigoid (BP)**
 - Clinical features are characteristic for bullous pemphigoid: Tense blisters over urticarial, eczematous, or erythematous plaques or bullae, usually on trunk and limbs, with severe pruritus; mucosal involvement may include oral, ocular, nasal, genital, anal, pharyngeal, laryngeal, and/or esophageal mucosa
 - Diagnostic confirmation is documented by **ONE** of the following:
 1. Lesional and perilesional biopsies
 2. Serologic testing by **BOTH** indirect immunofluorescence and enzyme linked immunosorbent assay (ELISA)
 - Bullous Pemphigoid Disease Area Index (BPDAI) activity score at least 24
 - Peak pruritus Numerical Rating Scale (NRS) score for maximum itch intensity at least 4

Alternative Therapies

- **Moderate to severe asthma:**
 - Failure, contraindication per FDA label, intolerance, or is not a candidate for at least a 3 month trial of a daily controller regimen that includes maximally dosed ICS plus LABA **OR** ICS plus another asthma control medication
 - Access to a reliever medication (e.g., SABA) for rapid symptom relief
- **Moderate to severe atopic dermatitis (AD)**
 - Failure, contraindication per FDA label, intolerance, or is not a candidate for at least at least a 2 consecutive month trial of **ONE** of the following topical treatments:
 1. Medium to high potency topical corticosteroid
 2. Topical calcineurin inhibitor: tacrolimus or pimecrolimus
 3. Topical phosphodiesterase 4 inhibitor: crisaborole (Eucrisa)
- **Chronic rhinosinusitis with nasal polyposis (CRSwNP)**

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- Failure, contraindication per FDA label, intolerance, or is not a candidate for at least a 3 month trial on **BOTH** of the following:
 1. Maximally tolerated intranasal corticosteroid
 2. Nasal saline irrigation, with or without a short course of systemic corticosteroid for complete obstruction
- **ONE** of the following:
 1. Prior functional endoscopic sinus surgery (FESS) with recurrence of disease after surgery
 2. Not a candidate for sinus surgery
 3. Has a comorbid condition for which Dupixent can help control symptoms
- **Eosinophilic esophagitis (EoE)**
 - Failure, contraindication per FDA label, intolerance, or is not a candidate for at least a 2 month trial of a topical corticosteroid (e.g., budesonide, fluticasone). **Note:** Relapse of symptoms after discontinuing therapy is **not** considered failure
- **Prurigo nodularis (PN)**
 - **ONE** of the following:
 1. For a limited number of nodular lesions: History of failure of a 2 week course of very high potency topical corticosteroid, with or without intralesional corticosteroid injections, **or** topical corticosteroids are not medically advisable
 2. For widespread or recalcitrant disease: Documented failure (used for three or more consecutive months), contraindication, intolerance, **or** is not a candidate for phototherapy with narrowband ultraviolet B (NBUVB)
- **Chronic obstructive pulmonary disease (COPD)**
 - Background therapy includes triple therapy with ICS plus LABA plus LAMA **OR** double therapy with LABA plus LAMA if ICS is contraindicated
- **Chronic spontaneous urticaria (CSU)**
 - Failure, contraindication per FDA label, intolerance, or is not a candidate for **TWO** of the following:
 1. At least a 2 week trial of nonsedating H1 antihistamine at 4 times the FDA approved dose
 2. At least a 2 week trial of nonsedating H1 antihistamine in combination with a H2 antihistamine
 3. At least a 4 week trial of a leukotriene modifier such (e.g., montelukast, zafirlukast) in combination with a H1 antihistamine
- **Bullous pemphigoid (BP)**
 - On a standard regimen of oral corticosteroids (e.g., prednisone or prednisolone) with the goal of tapering off corticosteroids while maintaining control of disease activity

Brand Specific Criteria

- Have failure, contraindication, or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the United States Food and Drug Administration (FDA) (see Definitions section)

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Safety

- No concurrent use with any of the following with other biologic therapies (e.g., reslizumab, benralizumab, mepolizumab, tezepelumab, omalizumab, tralokinumab, upadacitinib, abrocitinib, etc.)
- Will not be used concurrently with live vaccines

Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year
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Criteria for Continuation of Therapy (renewal therapy):

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.

Prescriber Qualification

- Continues to be prescribed by, or in consultation with, a physician specializing in the condition being treated (Allergist, Immunologist, Pulmonologist, Otolaryngologist, Gastroenterologist, Dermatologist, or other relevant specialist)

Clinical Response

- **Asthma**
 - Achieves and maintains **TWO** of the following:
 1. Decreased incidence of asthma exacerbations
 2. Decreased need for rescue medications
 3. Decreased need for systemic corticosteroids
 4. Decrease in hospitalizations or emergency room visits
 5. Improvement in FEV1 from baseline
 6. Reduced severity or frequency of asthma related symptoms
- **Atopic dermatitis (AD)**
 - **ALL** of the following:
 1. No evidence of disease progression
 2. Documented evidence of efficacy, disease stability, and/or improvement
 3. Achieves and maintains IGA score 0 or 1 (clear or almost clear) **OR** EASI 75 response defined as at least 75 percent improvement from baseline
- **Chronic rhinosinusitis with nasal polyposis (CRSwNP)**
 - Achieves and maintains **THREE** of the following:
 1. Reduction in sinus opacification
 2. Reduction in nasal congestion
 3. Reduction in rhinorrhea
 4. Reduction in facial pain or pressure
 5. Improved sense of smell
 6. Reduced need for systemic corticosteroids
 7. No evidence of disease progression

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- **Eosinophilic esophagitis (EoE)**
 - Achieves and maintains **TWO** of the following:
 1. Significant reduction in dysphagia
 2. Improvement in abdominal pain, reflux or heartburn, abdominal pain, or vomiting
 3. Endoscopic biopsy shows less than 7 eosinophils per high power field **OR** at least 50 percent reduction from baseline
- **Prurigo nodularis (PN)**
 - Achieves and maintains **BOTH** of the following:
 1. Improvement (reduction) in WI Pruritus NRS by at least 4 points
 2. Achieves and maintains 0 to 5 nodules or pruriginous lesions, corresponding to IGA stage 0 or 1
- **Chronic obstructive pulmonary disease (COPD)**
 - Achieves **ANY** of the following:
 1. Reduced rate of moderate or severe exacerbations compared with baseline
 2. Reduced number of moderate or severe exacerbations compared with baseline
 3. Reduced use of systemic corticosteroids and/or antibiotics compared with baseline
 4. Reduced hospitalizations or observation stays greater than 24 hours in an emergency department or urgent care facility compared with baseline
 5. Improved post bronchodilator FEV1 when added to background maintenance therapy
- **Chronic spontaneous urticaria (CSU)**
 - Achieves and maintains **TWO** of the following:
 1. Decrease in severity of itching
 2. Decrease in number of hives
 3. Decrease in size of hives
 4. Decrease in frequency of urticaria episodes
- **Bullous pemphigoid (BP)**
 - Achieves and maintains **THREE** of the following:
 1. Reduction in BPDAL of at least 4 points
 2. Reduction in existing skin lesions or resolution of existing lesions
 3. No new skin lesions or no expansion of current skin lesions
 4. Reduction in pruritus NRS score of at least 4 points or resolution of pruritus
 5. Reduction in oral corticosteroid dosage

Adherence

- Adherence to Dupixent has been documented
- Adherence to other required therapies for the condition (e.g., topical agents for AD, ICS for asthma, intranasal steroids for CRSwNP, etc.)

Brand Specific Criteria

- Have failure, contraindication, or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the United States Food and Drug Administration (FDA) (see Definitions section)

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Safety

- No concurrent use with any of the following with other biologic therapies (e.g., reslizumab, benralizumab, mepolizumab, tezepelumab, omalizumab, tralokinumab, upadacitinib, abrocitinib, etc.)
- Will not be used concurrently with live vaccines
- No significant adverse effects that would exclude continued use including:
 - Severe or serious systemic eosinophilia, eosinophilic pneumonia, or eosinophilic granulomatosis with polyangiitis
 - Generalized urticaria, rash, erythema nodosum, erythema multiforme, serum sickness, or serum sickness like reactions
 - Persistent or worsening arthralgia or joint symptoms

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
-

Criteria for Off Label Use Requests:

Criteria for a request for non FDA use or indication, treatment with dosing, frequency, or duration outside the FDA approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. Off Label Use of Non Cancer Medications
 2. Off Label Use of Cancer Medications
-

Description:

Dupilumab (dupilumab) is a monoclonal antibody, an interleukin-4 receptor alpha antagonist, is indicated for the treatment of adult and pediatric patients aged 6 months and older with moderate-to-severe Atopic Dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. It can be used with or without topical corticosteroids. Dupilumab (dupilumab) is indicated as an add on maintenance treatment of adult and pediatric patients aged 6 years and older with moderate-to-severe Asthma characterized by an eosinophilic phenotype or with oral corticosteroid dependent asthma. It is **not** indicated for the relief of acute bronchospasm or status asthmaticus. Dupilumab (dupilumab) is indicated as an add on maintenance treatment in adult and pediatric patients aged 12 years and older with inadequately controlled Chronic Rhinosinusitis with Nasal Polyps. Dupilumab (dupilumab) is indicated for the treatment of adult and pediatric patients aged 1 year and older, weighing at least 15 kg, with Eosinophilic Esophagitis. Dupilumab (dupilumab) is indicated for the treatment of adult patients with Prurigo Nodularis. Dupilumab (dupilumab) is indicated as an add on maintenance treatment of adult patients with inadequately controlled Chronic Obstructive Pulmonary Disease and an eosinophilic phenotype. It is **not** indicated for the relief of acute bronchospasm. Dupilumab is indicated for the treatment of adult and pediatric patients aged 12 years and older with chronic spontaneous urticaria (CSU) who remain symptomatic despite H1 antihistamine treatment. Dupilumab is not indicated for the treatment of other forms of urticaria. Dupilumab is indicated for the treatment of adult patients with bullous pemphigoid (BP).

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Treatment of atopic dermatitis initially involves use of topical prescription therapies such as corticosteroids, calcineurin inhibitors (tacrolimus ointment, pimecrolimus cream) and topical phosphodiesterase 4 (PDE-4) inhibitors (crisaborole ointment). Topical corticosteroids are considered the standard of care; strength and formulation of the preparation is selected based on severity, duration of treatment, location of exacerbation, and age of individual. Topical calcineurin and topical PDE-4 inhibitors should be reserved for problem areas only, such as the face, neck, intertriginous and genital areas.

Asthma is a complex disorder characterized by variable and recurring clinical symptoms, airflow obstruction, bronchial hyper-responsiveness, and underlying inflammation.

Inflammation is an important component in the pathogenesis of asthma. Multiple cell types (e.g., mast cells, eosinophils, neutrophils, macrophages, and lymphocytes) and mediators (e.g., histamine, eicosanoids, leukotrienes, and cytokines) are involved in inflammation.

Asthma can be divided into subtypes, which are associated with airway inflammation with eosinophils. It is estimated that about half of individuals with severe asthma exhibit the eosinophilic phenotype with elevated eosinophil levels (a marker of inflammation) in both the blood and airways. Activated eosinophils can increase airway smooth muscle contraction and mucous secretion. Interleukin-5 (IL-5) is an important cellular signal in eosinophilic inflammation.

About 10% of asthma patients have severe asthma that may be uncontrolled despite high doses of standard-of-care asthma controller medicines and can require the use of chronic oral corticosteroids (OCS). Severe, uncontrolled asthma is debilitating and potentially fatal with patients experiencing frequent exacerbations and significant limitations on lung function and quality of life.

Inhaled corticosteroids are the most effective long-term therapy for control and management of asthma. Asthma is said to be well controlled when asthma symptoms are twice a week or less; rescue bronchodilator medication use is twice a week or less; there is no nocturnal or early morning awakening due to asthma symptoms; there are no limitations of work, school, or exercise; and the Forced Expiratory Volume (FEV1) is normal or the patient's personal best. On the other hand, indicators of asthma that is not adequately controlled include limitation of normal activities, poor lung function with FEV1 of < 80% predicted, at least 2 episodes per year of asthma exacerbations requiring oral systemic corticosteroids. More frequent and intense exacerbations requiring urgent, unscheduled care, hospitalization, or ICU admission point toward worse disease control.

Chronic rhinosinusitis (CRS) is an inflammatory condition of the nose and paranasal sinuses characterized by the presence of two or more of the following symptoms for greater than 12-weeks duration: 1) nasal blockage/obstruction/congestion; 2) nasal discharge that is mucopurulent; 3) facial pain/pressure; 4) reduction or loss of smell. Confirmation of the diagnosis is made by sinus CT scan or nasal endoscopy to determine if there is nasal polyposis in both nasal passages. In general, individuals with nasal polyposis (CRSwNP) have more extensive disease than CRS without nasal polyposis (CRSsNP). The underlying mechanisms that contribute to the chronic sinonasal inflammation observed in CRSwNP are not completely defined. Individuals with CRSwNP may also have concurrent diagnoses of asthma, chronic rhinitis, and allergic rhinitis.

Topical corticosteroids and nasal saline irrigations are recommended as initial therapy. Intranasal corticosteroids decrease nasal polyp size, lessen nasal symptoms, and improve patient quality of life. Oral corticosteroids can also reduce polyp size and improve symptoms but are associated with serious systemic side effects. Patients with significant sinonasal disease and/or those who fail medical management should be evaluated for sinus surgery.

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However, nasal polyps can reoccur despite sinus surgery.

Eosinophilic esophagitis (EoE) is a chronic, immune-mediated, esophageal disease characterized by symptoms related to esophageal dysfunction and histologically by eosinophil-predominant inflammation. Diagnostic criteria include symptoms related to esophageal dysfunction, esophageal biopsy, characteristically consisting of ≥ 15 eosinophils per high power field (HPF) (or 60 eosinophils per mm), and exclusion of other causes responsible for or contributing to symptoms and eosinophilia.

Established treatments for EoE include dietary therapy, proton pump inhibitors (PPIs) and topical corticosteroids. While PPIs and corticosteroids are not FDA approved treatment options, both are recognized as standard treatment per American College of Gastroenterology guidelines. Dupilumab is the first FDA approved treatment option for EoE.

Prurigo nodularis (PN) is an uncommon, chronic skin disorder affecting primarily older adults and is characterized by symmetrically distributed, multiple, firm, pruritic nodules. It occurs in patients with chronic severe pruritus and is frequently associated with a history of atopic dermatitis. PN is a distinctive reaction pattern that occurs from continuous scratching over a prolonged period of time. PN presents with firm, dome-shaped, itchy nodules that range in size from a few millimeters to several centimeters. They are often symmetrically distributed on the extensor surfaces of the arms and legs and on the trunk. The nodules can be flesh-colored, erythematous, or brown/black and range in number from few to hundreds. Pruritus is always severe and distressing. It can be paroxysmal, sporadic, or continuous and is worsened by heat, sweating, or irritation from clothing.

Chronic spontaneous urticaria (CSU) is defined by the presence of recurrent urticaria, angioedema, or both for a period of six weeks or longer. CSU is self-limited, with an average duration of two to five years, but symptoms can significantly impact the quality of life. The urticarial lesions (also called hives or wheals) can vary in size and are usually surrounded by erythema. They are associated with an itching sensation that is usually limited to 30 minutes to 24 hours in duration. Disease severity is measured by a weekly urticaria activity score (UAS7, range 0–42), which is a composite of a weekly itch severity score (ISS7, range 0–21) and a weekly hive count score (HSS7, (range 0–21)). The ISS7 score is the sum of the daily itch severity scores (ISS), from 0 to 3, recorded at the same time of the day for a 7-day period, ranging from 0 to 21. Dupixent showed significant improvement in ISS7 and UAS7 versus placebo for individuals who remained symptomatic despite H1 antihistamine and who were naive to anti-IgE treatment. Standard treatments include a second-generation H1 antihistamine which can be increased in dose or combined with other antihistamines or a leukotriene modifier. Short courses of steroids may be warranted but are usually avoided long-term. Individuals' refractory to H1 antihistamine regimens, may benefit from Dupixent (dupilumab) or Xolair (omalizumab).

Dupilumab is a human monoclonal IgG4 antibody that inhibits interleukin-4 (IL-4) and interleukin-13 (IL-13) signaling by specifically binding to the interleukin-4 receptor alpha (IL-4R α) subunit shared by the IL-4 and IL-13 receptor complexes. Dupilumab inhibits IL-4 signaling via the Type I receptor and both IL-4 and IL-13 signaling through the Type II receptor.

Inflammation is an important component in the pathogenesis of asthma, atopic dermatitis, chronic rhinosinusitis with nasal polyposis, and eosinophilic esophagitis. Multiple cell types that express IL-4R α (mast cells, eosinophils, macrophages, lymphocytes, epithelial cells, goblet cells) and inflammatory mediators (histamine, eicosanoids, leukotrienes, cytokines, chemokines) are involved in inflammation. Blocking IL-4R α with dupilumab inhibits IL-4 and IL-13 cytokine-induced inflammatory responses, including the release of pro-inflammatory cytokines, chemokines, nitric oxide, and IgE.

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Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

Adult: Age 18 years and older

Asthma:

Asthma Severity Classification:

	Classification of Asthma Severity (children 5 to 11 years of age)			
	Intermittent	Persistent		
		Mild	Moderate	Severe
Symptoms	≤ 2 days/week	> 2 days/week, but not daily	Daily	Throughout the day
Nighttime awakening	≤ 2 times/month	3 to 4 times/month	>1 time/week, but not nightly	Often 7times/week
SABA use for symptom control (not for prevention of EIB)	≤ 2 days/week	> 2 days/week, but not daily	Daily	Several times per day
Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
Lung function	Normal FEV1 between exacerbations	FEV1 is > 80% predicted	FEV1 is 60-80% predicted	FEV1 < 60% predicted
	FEV1 > 80% predicted	FEV1/FVC > 80%	FEV1/FVC is 75-80% predicted	FEV1/FVC < 75%
	FEV1/FVC > 85%			
Exacerbations requiring oral systemic glucocorticoids	0-1/year	≥ 2 in 1 year		
	Consider severity & interval since last exacerbation Frequency and severity may fluctuate over time for patients in any severity category Relative annual risk of exacerbations may be related to FEV1			

Asthma Control Classification:

	Classification of Asthma Control (12 years of age and older)		
	Well Controlled	Not Well Controlled	Very Poorly Controlled
Symptoms	≤ 2 days/week, but not more than once on each day	≥ 2 days/week or multiple times on ≤ 2 days/week	Throughout the day
Nighttime awakenings	< 1 day/month	> 2 times/month	> 2x/week
Interference with normal activities	None	Some limitation	Extremely limited
SABA use to control symptoms (not for EIB prevention)	≤ 2 days/week	> 2 days/week	Several times/day
FEV1 or peak flow	> 80% predicted or personal best	60-80% predicted or personal best	< 60% predicted or personal best
FEV1/FVC	> 80%	75-80%	< 75%

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Exacerbations requiring oral systemic glucocorticoids (Consider severity & interval since last exacerbation)	0-1/year	≥ 2 /year: In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate poorer disease control. For treatment purposes, patients who had ≥ 2 exacerbations requiring oral systemic glucocorticoids in the past year may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.	
Asthma Control Test	> 20	16-19	≤ 15

Asthma control test: a validated set of questions

The Asthma Control Test provides a numerical score to help determine if your asthma symptoms are well controlled.

Step 1: Circle the number of each answer in the score box provided [].

Step 2: Add up each score in each box [] for the total.

Step 3: Take the completed test to your healthcare provider to talk about your score.

Asthma Control Test				
1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?				
All of the time [1]	Most of the time [2]	Some of the time [3]	A little of the time [4]	None of the time [5]
2. During the past 4 weeks, how often have you had shortness of breath?				
More than once a day [1]	Once a day [2]	3 to 6 times a week [3]	Once or twice a week [4]	Not at all [5]
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?				
4 or more nights a week [1]	2 to 3 nights a week [2]	Once a week [3]	Once or twice [4]	Not at all [5]
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?				
3 or more times per day [1]	1 to 2 times per day [2]	2 or 3 times per week [3]	Once a week or less [4]	Not at all [5]
5. How would you rate your asthma control during the past 4 weeks?				
Not Controlled at all [1]	Poorly controlled [2]	Somewhat controlled [3]	Well controlled [4]	Completely controlled [5]
Total Score: _____				
Interpretation of Total Score: Well controlled: ≥ 20 Not well controlled: 16-19 Very poorly controlled: ≤ 15				

Dyspnea Scales:

Modified Medical Research Council (mMRC) Dyspnea Scale		Medical Research Council (MRC) Dyspnea Scale	
Grade	Describe Breathlessness	Grade	Measures the degree of breathlessness related to activity
0	I only get breathless with strenuous exercise	1	Not troubled by breathless except on strenuous exercise
1	I get short of breath when hurrying on level ground or walking up a slight hill	2	Short of breath when hurrying on a level or when walking up a slight hill
2	On level ground, I walk slower than people of the same age because of breathlessness or have to stop for breath when walking my own pace	3	Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace

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3	I stop for breath after walking about 100 yards or after a few minutes on level ground	4	Stops for breath after walking 100 yards, or after a few minutes on level ground
4	I am too breathless to leave the house, or I am breathless when dressing	5	Too breathless to leave the house, or breathless when dressing/undressing

Exacerbations of COPD:

- Moderate exacerbations that required either systemic corticosteroids (intramuscular, intravenous, or oral) and/or antibiotics. One of the two required moderate exacerbations had to require the use of systemic corticosteroids.
- Severe exacerbations required hospitalization or observation >24 hours in emergency department/urgent care facility

Atopic Dermatitis:

Moderate atopic dermatitis – Areas of dry skin, frequent itching, redness (with or without excoriation and localized skin thickening); moderate impact on everyday activities and psychosocial wellbeing, frequently disturbed sleep.

Severe atopic dermatitis – Widespread areas of dry skin, continuous itching, redness (with or without excoriation, extensive skin thickening, bleeding, oozing, cracking, and alteration of pigmentation); severe limitation of everyday activities and psychosocial functioning, nightly loss of sleep.

Atopic Dermatitis Therapies:

Topical corticosteroids (TCS):

- Low-potency corticosteroids are recommended for maintenance therapy
- Intermediate and high-potency corticosteroids should be used for the treatment of clinical exacerbation over short periods of time
- Ultra-high-potency corticosteroids should be used only for very short periods (1-2 weeks) and in non-facial non-skinfold areas.
- Do not use potent fluorinated corticosteroids on the face, eyelids, genitalia, and intertriginous areas or in young infants.

Topical calcineurin inhibitors (TCI):

- Tacrolimus ointment (Protopic and generics) is indicated as second-line therapy for moderate to severe atopic dermatitis
- Pimecrolimus cream (Elidel and generics) is indicated as second line therapy for mild to moderate atopic dermatitis

Topical phosphodiesterase 4 (PDE-4) inhibitor:

- Eucrisa (crisaborole) ointment is indicated for treatment of mild to moderate atopic dermatitis

Relative Potency of Selected Topical Corticosteroid Products:

Product	Dosage form	Strength
Category I – Very high potency		
Augmented betamethasone dipropionate	Gel, ointment	0.05
Clobetasol propionate	Ointment, gel, cream	0.05
Fluocinonide	Cream	0.1
Diflorasone diacetate	Ointment	0.05
Halobetasol propionate	Ointment, cream	0.05

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<i>Category II – High potency</i>		
Amcinonide	Ointment, cream, lotion	0.1
Augmented betamethasone dipropionate	Cream, lotion	0.05
Betamethasone dipropionate	Ointment, cream	0.05
Betamethasone valerate	Ointment	0.1
Desoximetasone	Ointment, cream	0.25
Desoximetasone	Gel	0.05
Diflorasone diacetate	Ointment (emollient base), cream	0.05
Fluocinonide	Ointment, gel, cream	0.05
Halcinonide	Ointment, cream	0.1

Investigator Global Assessment Scale (IGA):

[Validated-Investigator-Global-Assessment-Scale_vIGA-AD_2017.pdf \(eczemacouncil.org\)](#) [Accessed October 09, 2021]

The IGA score is selected using the morphologic descriptors that best describe the overall appearance of the lesions at a given time point. It is not necessary that all characteristics under Morphological Description be present.

Score	Morphological Description
0 – Clear	No inflammatory signs of atopic dermatitis (no erythema, no induration/papulation, no lichenification, no oozing/crusting). Post-inflammatory hyperpigmentation and/or hypopigmentation may be present.
1 – Almost clear	Barely perceptible erythema, barely perceptible induration/papulation, and/or minimal lichenification. No oozing or crusting.
2 – Mild	Slight but definite erythema (pink), slight but definite induration/papulation, and/or slight but definite lichenification. No oozing or crusting.
3 – Moderate	Clearly perceptible erythema (dull red), clearly perceptible induration/papulation, and/or clearly perceptible lichenification. Oozing and crusting may be present.
4 – Severe	Marked erythema (deep or bright red), marked induration/papulation, and/or marked lichenification. Disease is widespread in extent. Oozing or crusting may be present.
Notes: 1. In indeterminate cases, use <u>extent</u> to differentiate between scores. For example: • Patient with marked erythema (deep or bright red), marked papulation and/or marked lichenification that is limited in extent (instead of widespread), would be considered “3 – Moderate”. 2. Excoriations should not be considered when assessing disease severity	

Eczema Area and Severity Index (EASI) score (A-E):

An EASI score is a tool used to measure the extent (area) and severity of atopic eczema. EASI score does not include a grade for dryness or scaling. Include only inflamed areas.

A. Body regions:

There are four body regions:

- Head and neck
 - Face occupies 33% (17% each side), neck 33% (17% front and back) and scalp 33% of the head and neck region
- Trunk (including genital area)
 - Front occupies 55% and back 45% of the trunk

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- Upper limbs
 - Each arm occupies 50% of the upper limb region (front or back of one arm is 25%)
- Lower limbs (including buttocks)
 - Each leg occupies 45% (front or back of one leg is 22.5%) and buttocks 10% of the lower limbs region

B. Area score:

Area score is recorded for each of the four regions of the body. The area score is the percentage of skin affected by eczema for each body region.

Area score	Percentage of skin affected by eczema in each region
0	No active eczema in this region
1	1-9
2	10-29
3	30-49
4	50-69
5	70-89
6	90-100: the entire region is affected by eczema

C. Severity score:

Severity score is recorded for each of the four regions of the body. The severity score is the sum of the intensity scores for four signs. The four signs are:

1. Redness (erythema, inflammation)
2. Thickness (induration, papulation, swelling—acute eczema)
3. Scratching (excoriation)
4. Lichenification (lined skin, furrowing, prurigo nodules—chronic eczema).

The *average* intensity of each sign in each body region is assessed as: none (0), mild (1), moderate (2) and severe (3). Half scores are allowed. It may be difficult to assess redness in dark skin. If in doubt, increase the average redness score by one level.

Score	Intensity of redness, thickness/swelling, scratching, lichenification
0	None, absent
1	Mild (just perceptible)
2	Moderate (obvious)
3	Severe

D. Calculations:

For each region, record the intensity for each of four signs and calculate the severity score.

- Severity score = redness intensity + thickness intensity + scratching intensity + lichenification intensity

For each region, multiple the severity score by the area score and by a multiplier. The multiplier is different for each body site.

- Head and neck: severity score x area score x 0.1 (in children 0–7 years, x 0.2)
- Trunk: severity score x area score x 0.3
- Upper limbs: severity score x area score x 0.2

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- Lower limbs: severity score x area score x 0.4 (in children 0–7 years, x 0.3)

Add up the total scores for each region to determine the final EASI score. The minimum EASI score is 0 and the maximum EASI score is 72.

E. Interpretation:

The suggested severity levels for the EASI are as follows:

0	Clear
0.1-1.0	Almost clear
1.1-7.0	Mild
7.1-21.0	Moderate
21.1-50.0	Severe
50.1-72.0	Very severe

Pruritus Numerical Rating Scale (NRS):

[Numerical Rating Scale - Pruritus Resources \(pruritussymposium.de\)](http://pruritussymposium.de) [Accessed October 09, 2021]

The NRS is comprised of one item and is represented by numbers 0 (“no itch”) to 10 (“worst imaginable itch”). Patients are asked to rate the intensity of their itch using this scale. It features high reliability and concurrent validity and is a popular choice for all patients due to its simple format. Time needed for completion: 1 minute. It has been validated in several languages.

- It can be interpreted as follows:
 - NRS 0 - no pruritus
 - NRS < 3 - mild pruritus
 - NRS \geq 3 < 7 - moderate pruritus
 - NRS \geq 7 < 9 - severe pruritus
 - NRS \geq 9 - very severe pruritus

On a scale from 0 (no itch) to 10 (worst imaginable itch), how would you rate your itch overall (on <u>average</u>) during the past 24-hour? (Select number)										
0	1	2	3	4	5	6	7	8	9	10

Chronic rhinosinusitis:

Types of Chronic Rhinosinusitis:

Features	CRSwNP	CRSsNP	AFRS
Bilateral nasal polyps	Presence required for diagnosis*	Exclusion required for diagnosis	Yes, in most cases
Allergic mucin	May be present	May be present	Required for diagnosis
Aspirin associated respiratory disease	Asthma: present in 40% Aspirin intolerance & asthma present 15%	Rare	May be present
IgE-mediated allergy to fungus	May be present	May be present	Required for diagnosis

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* Unless medical record documents removal of bilateral nasal polyps during surgery
 CRSwNP: Chronic rhinosinusitis with nasal polyps
 CRSsNP Chronic rhinosinusitis without nasal polyps
 AFRS: Allergic fungal rhinosinusitis

Chronic rhinosinusitis with nasal polyposis:

- Inflammation of the nose and paranasal sinuses characterized by the presence of two or more of the following symptoms for greater than 12-weeks duration:
 - 1) Nasal blockage/obstruction/congestion
 - 2) Nasal discharge
 - 3) Facial pain/pressure
 - 4) Reduction or loss of smell (hyposmia or anosmia)
- Confirmation of the diagnosis is made by sinus CT scan or nasal endoscopy to determine if there is nasal polyposis in both nasal passages

Prurigo nodularis (PN):

Investigator Global Assessment (IGA) for stage of chronic prurigo (CPG), chronic nodular prurigo (CNPG) and signs of activity in chronic prurigo		
Score	Category	Description
IGA-CNPG stage		
0	Clear	No nodules (0 nodules)
1	Almost clear	Rare palpable pruriginous nodules (approximately 1–5 nodules)
2	Mild	Few palpable pruriginous nodules (approximately 6–19 nodules)
3	Moderate	Many palpable pruriginous nodules (approximately 20–100 nodules)
4	Severe	Abundant palpable pruriginous nodules (over 100 nodules)
IGA-CPG stage		
0	Clear	No pruriginous lesions (0 lesions)
1	Almost clear	Rare palpable pruriginous lesions (approximately 1–5 lesions)
2	Mild	Few palpable pruriginous lesions (approximately 6–19 lesions)
3	Moderate	Many palpable pruriginous lesions (approximately 20–100 lesions)
4	Severe	Abundant palpable pruriginous lesions (over 100 lesions)
IGA-CPG Activity		
0	Clear	No pruriginous lesions have excoriations or crusts
1	Almost clear	Very small proportion of pruriginous lesions have excoriations or crusts (up to approximately 10% of all pruriginous lesions)
2	Mild	Minority of pruriginous lesions have excoriations or crusts (approximately 11–25% of all pruriginous lesions)
3	Moderate	Many pruriginous lesions have excoriations or crusts (approximately 26–75% of all pruriginous lesions)
4	Severe	Majority of pruriginous lesions have excoriations or crusts (approximately 76–100% of all pruriginous lesions)

Chronic Spontaneous Urticaria (CSU) Weekly Itch Severity Score (ISS7)

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- The ISS7 is the sum of the daily itch severity scores (dISS) over 7 days and ranges from 0 to 21
- The dISS is the average of the AM & PM scores on a scale of 0 (none) to 3 (severe) [0 = none; 1 = mild; 2 = moderate; 3 = severe]
- A higher itch severity score indicates more severe itching
- A negative change score indicates improvement
- Minimally important difference (MID) response in the ISS7
 - MID response is defined as a reduction ≥ 5 points in ISS7

Urticaria activity score over 7 days (UAS7) – a composite scoring

- The UAS7 is the sum of the daily urticarial activity scores (dUAS) over 7 days and ranges from 0 to 42
- The dUAS is the average of the AM & PM urticarial activity scores and ranges from 0 to 6
- The urticarial activity score is the sum of ratings on a scale of 0 to 3 (0 = none; 1 = mild; 2 = moderate; 3 = intense/severe) for:
 - (1) the number of wheals (hives)
 - 0 = none
 - 1 = mild (1-6 hives)
 - 2 = moderate (7-12 hives)
 - 3 = severe (more than 12 hives)
 - (2) itch intensity (ISS) over the previous 12 hours, ranges from 0 to 6, and is measured twice daily (morning & evening)
 - 0 = none
 - 1 = mild (present but not annoying or troublesome)
 - 2 = moderate (troublesome but does not interfere with normal daily activity or sleep)
 - 3 = intense (severe, sufficiently troublesome to interfere with normal daily activity or sleep)
- A higher urticarial activity score indicates more urticaria activity
- A negative change score indicates improvement
- Goal is UAS7 score ≤ 6
- Complete responder is UAS7 = 0

H1 Antihistamines:

- First-generation agents (e.g., hydroxyzine, diphenhydramine, chlorpheniramine)
- Second-generation agents (e.g., cetirizine, levocetirizine, fexofenadine, loratadine, desloratadine)

H2 Antagonist:

- Cimetidine, famotidine

Leukotriene receptor antagonists:

- Montelukast, zafirlukast

Bullous Pemphigoid Disease Area Index (BPDAI):

- BPDAI is a validated instrument in Bullous Pemphigoid (BP), total score ranges from 0 to 360
- The total score includes skin activity and mucosal activity
- Total BPDAI is calculated as the sum of scores for cutaneous blisters/erosions, cutaneous urticaria/erythema and mucosal blisters/ erosions

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- Higher scores indicate higher disease activity
- Minimal clinically important difference for BPDAl activity score:
 - 4-point reduction = improvement
 - 3-point increase = deterioration

Bullous Pemphigoid Disease Area Index (BPDAl)					
SKIN	ACTIVITY		ACTIVITY		DAMAGE
Anatomical location	Erosions/Blisters	Number of lesions if less than 3	Urticaria/Erythema/Other	Number of lesions if less than 3	Pigmentation/Other
	0 = absent		0 = absent		0 = absent 1 = present
	1 = 1-3 lesions, none more than 1 cm diameter		1 = 1-3 lesions, none more than 6 cm diameter		
	2 = 1-3 lesions at least 1 greater than 1 cm diameter		2 = 1-3 lesions at least 1 greater than 6 cm diameter		
	3 = more than 3 lesions, none more than 2 cm diameter		3 = more than 3 lesions, or at least 1 more than 10 cm diameter		
	5 = more than 3 lesions and at least 1 more than 2 cm		5 = more than 3 lesions and at least 1 more than 25 cm		
	10 = more than 3 lesion, and at least 1 more than 5 cm diameter or entire area		10 = more than 3 lesions, and at least 1 more than 50 cm diameter or entire area		
Head					
Neck					
Chest					
Left arm					
Right arm					
Hand					
Abdomen					
Genitals					
Back/Buttocks					
Left leg					
Right leg					
Feet					
TOTAL SKIN	/120		/120		
MUCOSA	ACTIVITY				
Anatomical location	Erosions/Blisters				
	1 = 1 lesion				

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	2 = 2-3 lesions				
	5 = more than 3 lesions, or 2 lesions more than 2 cm				
	10 = entire area				
Eyes					
Nose					
Buccal mucosa					
Hard palate					
Soft palate					
Upper gingiva					
Lower gingiva					
Tongue					
Floor of mouth					
Labial mucosa					
Posterior pharynx					
Anogenital					
TOTAL MUCOSA	/120				
TOTAL BPDAI	/360				

Resources:

Dupilixent (dupilumab) injection product information, revised by Sanofi-Aventis U.S. LLC. 06-2025. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed October 30, 2025.

ClinicalTrials.gov Bethesda (MD): National Library of Medicine (US). Identifier NCT04180488: Master Protocol of Three Randomized, Double-blind, Placebo Controlled, Multi-center, Parallel-group Studies of Dupilumab in Patients With Chronic Spontaneous Urticaria (CSU) Who Remain Symptomatic Despite the Use of H1 Antihistamine Treatment in Patients naïve to Omalizumab and in Patients Who are Intolerant or Incomplete Responders to Omalizumab. Available from: <http://clinicaltrials.gov>. Last update posted December 11, 2024. Last verified December 2024. Accessed April 28, 2025. Re-evaluated February 09, 2026.

Zuberbier T, Abdul Latiff AH, Abuzakouk M, et al. The international EAACI/GA²LEN/EuroGuiDerm/APAAACI guideline for the definition, classification, diagnosis, and management of urticaria. Allergy 2021;00:1–33.doi:10.1111/all.15090. Accessed April 28, 2025. Re-evaluated February 09, 2026.

Saini S. Chronic spontaneous urticaria: Clinical manifestations, diagnosis, pathogenesis, and natural history. In: UpToDate, Callen JP, Hussain Z, Feldweg AM (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated May 30, 2025. Accessed January 13, 2026.

Khan DA. Chronic spontaneous urticaria: Standard management and patient education. In: UpToDate, Saini S, Callen JP, Hussain Z, Feldweg AM (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated January 02, 2026. Accessed January 13, 2026.

Khan DA. Chronic spontaneous urticaria: Treatment of refractory symptoms. In: UpToDate, Saini S, Callen JP, Feldweg AM (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated October 20, 2025. Accessed January 13, 2026.

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Han MK, Dransfield MT. Management of refractory chronic obstructive pulmonary disease. In: UpToDate, Stoller JK, Hatipoglu U, Dieffenbach P, Li H (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated November 19, 2025. Accessed January 13, 2026.

Hartert T, Bacharier LB. An overview of asthma management in children and adults. In: UpToDate, Wood RA, Boyce JA, Dieffenbach P, TePas E (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated August 08, 2025. Accessed January 13, 2026.

Lange-Vaidya N. Asthma in adolescents and adults: Evaluation and diagnosis. In: UpToDate, Barnes PJ, Boyce PJ, Dieffenbach P (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated December 04, 2025. Accessed January 13, 2026.

Sawicki G, Haver K. Asthma in children younger than 12 years: Overview of initiating therapy and monitoring control. In: UpToDate, Wood RA, Redding G, TePas E (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated December 16, 2025. Accessed January 13, 2026.

Dixon AE, Carr TF. Ongoing monitoring and titration of asthma therapies in adolescents and adults. In: UpToDate, Boyce JA, Akuthota P, Dieffenbach P (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated September 26, 2025. Accessed January 13, 2026.

Sharma S, Carr TF. Treatment of severe asthma in adolescents and adults. In: UpToDate, Kraft M, Dieffenbach P (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated October 20, 2025. Accessed January 13, 2026.

Paller AS, Butala S, Howe W. Treatment of atopic dermatitis (eczema). In: UpToDate, Dellavalle RP, Levy ML, Fowler J, Hussain Z, Corona R (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated October 17, 2025. Accessed January 13, 2026.

Gonzalez ME. Management of severe, refractory atopic dermatitis (eczema) in children. In: UpToDate, Dellavalle RP, Levy ML, Fowler J, Corona R (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated June 02, 2025. Accessed January 13, 2026.

Berger TG. Evaluation and management of severe refractory atopic dermatitis (eczema) in adults. In: UpToDate, Fowler J, Levy ML, Dellavalle RP, Corona R (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated June 09, 2025. Accessed January 13, 2026.

Buchheit KM, Holbrook EH. Chronic rhinosinusitis with nasal polyposis: Management and prognosis. In: UpToDate, Peters AT, Deschler DG, Feldweg AM (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated November 18, 2025. Accessed January 13, 2026.

Bonis PAL, Gupta SK. Clinical manifestations and diagnosis of eosinophilic esophagitis (EoE). In: UpToDate, Talley NJ, Meyer C (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated August 28, 2025. Accessed January 13, 2026.

Bonis PAL, Gupta SK. Treatment of eosinophilic esophagitis (EoE). In: UpToDate, Talley NJ, Meyer C (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated January 08, 2026. Accessed January 13, 2026.

Watshy K. Prurigo nodularis. In: UpToDate, Fowler J, Corona R (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated July 23, 2025. Accessed January 13, 2026.

Leiferman KM. Clinical feature and diagnosis of bullous pemphigoid and mucous membrane pemphigoid. In: UpToDate, Zone JJ, Ofori AO (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated August 29, 2024. Accessed January 13, 2026.

Murrell DF, Ramirez-Quizon M. Management and prognosis of bullous pemphigoid. In: UpToDate, Zone JJ, Ofori AO (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated November 21, 2025. Accessed January 13, 2026.

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PHARMACY COVERAGE GUIDELINE

DUPIXENT® (dupilumab) injection Generic Equivalent (if available)

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. *Gastroenterology* 2020;158:1776-1786. Accessed August 10, 2022. Re-evaluated December 20, 2023. Re-evaluated February 09, 2026.

Zeidler C, Pereira MP, Augustin M, et al.: Investigator's Global Assessment of Chronic Prurigo: A New Instrument for Use in Clinical Trials. *Acta Derm Venereol.* 2021 Feb 17;101(2):adv00401. DOI: [10.2340/00015555-3701](https://doi.org/10.2340/00015555-3701). Accessed December 20, 2023. Re-evaluated February 09, 2026.

Bhatt SP, Rabe KF, Hanania NA, et al. Dupilumab for COPD with type 2 inflammation indicated by eosinophil counts. *NEJM* 2023 July 20; 389 (3): 205-214. Accessed November 05, 2024.

Bhatt SP, Rabe KF, Hanania NA, et al. Dupilumab for COPD with blood eosinophil evidence of type 2 inflammation. *NEJM* 2024 June 27; 390 (24): 2274-2283. Accessed November 05, 2024.

ClinicalTrials.gov Bethesda (MD): National Library of Medicine (US). Identifier NCT04206553: A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group Study to Evaluate the Efficacy and Safety of Dupilumab in Adult Patients With Bullous Pemphigoid. Available from: <http://clinicaltrials.gov>. Last update posted July 29, 2025. Last verified July 2025. Accessed October 04, 2025. Re-evaluated February 09, 2026.

Murrell DF, Joly P, Werth VP, et al.: Study Design of a Phase 2/3 Randomized Controlled Trial of Dupilumab in Adults with Bullous Pemphigoid: LIBERTY-BP ADEPT. *Adv Ther.* 2024 Jul;41(7):2991-3002. doi: 10.1007/s12325-024-02810-3. Epub 2024 Mar 5. Accessed October 04, 2025.

Murrell DF, Daniel BS, Joly P, et al.: Definitions and outcomes measures for bullous pemphigoid: Recommendations by an international panel of experts. *J Am Acad Dermatol.* 2012 March ; 66(3): . doi:10.1016/j.jaad.2011.06.032. Accessed October 04, 2025. Re-evaluated February 09, 2026.