Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 8, 2018 November 27, 2018

DUPIXENT® (dupilumab)

LENGTH OF AUTHORIZATION: SIX MONTHS

REVIEW CRITERIA:

Atopic Dermatitis

1. Patient must be 18 years of age or older.
2. Patient has documented diagnosis of atopic dermatitis.
3. Patient has had a trial of at least one preferred medium to very-high potency topical steroid and experienced inadequate response or intolerance; **AND**
4. Patient has had a trial of at least one preferred topical calcineurin inhibitor and experienced inadequate response or intolerance.
5. Dupixent will not be used in combination with other biologics (e.g. Xolair, Remicade, Enbrel, Humira, etc).
6. Patient does not have a parasitic infection.

Asthma (moderate to severe), adjunct, eosinophilic phenotype or oral corticosteroid-dependent

1. Patient must be 12 years of age of older
2. Must have diagnosis of asthma, eosinophilic phenotype **OR**
3. Patient has ongoing symptoms of asthma with a minimum three-month trial of an inhaled corticosteroid plus a long acting beta 2 agonist (LABA) combination therapy.

CONTINUATION OF THERAPY:

Atopic Dermatitis

1. Patient must be 18 years of age or older.
2. Patient has documented diagnosis of atopic dermatitis.
3. Documentation of positive clinical response: clinical reduction in pruritus and flares.
4. Dupixent will not be used in combination with other biologics (e.g. Xolair, Remicade, Enbrel, Humira, etc).
5. Member does not have a parasitic infection.

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Asthma (moderate to severe), adjunct, eosinophilic phenotype or oral corticosteroid-dependent

1. Initial approval criteria for therapy has been met at the time of initiation of therapy.
2. Treatment with Dupixent has resulted in clinical improvement as documented by:
    - One or more of the following:
        a. Decreased utilization of rescue medications; **OR**
        b. Decreased frequency of exacerbations (defined as worsening of asthma that requires increase in inhaled corticosteroid dose or treatment with systemic corticosteroids); **OR**
        c. Reduction in reported asthma-related symptoms, such as, but not limited to, wheezing, shortness of breath, coughing, fatigue, sleep disturbance, or asthmatic symptoms upon awakening.
3. Continued use of inhaled corticosteroid plus LABA combination while on Dupixent therapy for asthma is documented; **AND**
4. Patients should periodically be reassessed for the need to continue therapy based on the disease severity and/or the level of asthma control.

DOSING:

Atopic Dermatitis:

1. Inject 600 mg subcutaneously (in two 300mg injections in different injection sites) initially, then 300mg subcutaneously every other week **OR**
2. An initial dose of 400mg (in two 200mg injections) followed by 200mg every other week.

Asthma (moderate to severe), adjunct, eosinophilic phenotype or oral corticosteroid-dependent

1. Lower-dose regimen: 400mg subcutaneously as a loading dose, followed by 200mg every other week.
2. Higher-dose regimen (for patients requiring concomitant oral corticosteroid or with co-morbid moderate to severe atopic dermatitis): 600mg subcutaneously as a loading dose, followed by 300mg every other week.