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Scope: Medicaid

ENHANCED SPECIALTY GUIDELINE MANAGEMENT

DUPIXENT (dupilumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendia uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

- A. Dupixent is indicated for the treatment of 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. Dupixent can be used with or without topical corticosteroids.
- B. Dupixent is indicated as an add-on maintenance treatment in patients with moderate-to-severe asthma aged 6 years and older with an eosinophilic phenotype or with oral corticosteroid dependent asthma.
- C. Dupixent 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 polyposis (CRSwNP).
- D. Dupixent is indicated for the treatment of adult and pediatric patients aged 1 year and older, weighing at least 15 kg, with eosinophilic esophagitis (EoE).
- E. Dupixent is indicated for the treatment of adult patients with prurigo nodularis (PN).
- F. Dupixent is indicated as add-on maintenance treatment of adult patients with inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype

Limitation of Use: Dupixent is not indicated for the relief of acute bronchospasm or status asthmaticus

All other indications are considered experimental/investigational and are not a covered benefit.

II. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with one of the following:

- A. Atopic dermatitis: dermatologist or allergist/immunologist
- B. Asthma: allergist/immunologist or pulmonologist
- C. Chronic rhinosinusitis with nasal polyposis: allergist/immunologist, otolaryngologist or pulmonologist
- D. Eosinophilic esophagitis: gastroenterologist or allergist/immunologist
- E. Prurigo Nodularis: dermatologist or allergist/immunologist
- F. Chronic obstructive pulmonary disease: pulmonologist or allergist/immunologist

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III. CRITERIA FOR INITIAL APPROVAL

A. Moderate-to-severe atopic dermatitis

Authorization of 4 months may be granted for treatment of moderate-to-severe atopic dermatitis in members 6 months of age or older when all of the following criteria are met:

Adults:

1. Documentation of affected body surface area is greater than or equal to 10% OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
2. Member will not use Dupixent concomitantly with other biologics (e.g., Xolair, Remicade, Enbrel, Nucala, Adbry, etc.) or JAK inhibitors (e.g., Cibinqo, Rinvoq, etc.)
3. Documentation that the member has had an inadequate treatment response to at least one medium to super-high potency topical corticosteroid for ≥ 2 consecutive weeks (see Appendix), or pimecrolimus cream or tacrolimus ointment for ≥ 6 consecutive weeks

Pediatrics (6 months of age or older):

1. Documentation of affected body surface area is greater than or equal to 10% OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
2. Member will not use Dupixent concomitantly with other biologics (e.g., Xolair, Remicade, Enbrel, Nucala, Adbry etc.) or JAK inhibitors (e.g., Cibinqo, Rinvoq, etc.)
4. Documentation that the member has had an inadequate treatment response to at least one medium to super-high potency topical corticosteroid for ≥ 2 consecutive weeks (see Appendix) or pimecrolimus cream, tacrolimus ointment or Eucrisa (crisaborole) ointment for $\geq 4-6$ consecutive weeks

B. Moderate-to-severe asthma

Authorization of 6 months may be granted for treatment of moderate-to-severe asthma in members 6 years of age or older when all of the following criteria are met:

1. Member meets one of the following criteria (a OR b):
 - a. Documentation that the member has inadequate asthma control (e.g., hospitalization or emergency medical care visit within the past year) despite current treatment with all of the following medications for at least 3 months at optimized doses:
 - i. High-dose inhaled corticosteroid
 - ii. Additional controller (long acting beta2-agonist, long-acting muscarinic antagonists leukotriene modifier), unless contraindicated or not tolerated
 - iii. Oral glucocorticoids (at least 5 mg per day of prednisone/prednisolone or equivalent or 3 bursts in the previous 6 months)
 - b. Documentation that the member has a baseline blood eosinophil count of at least 150 cells per μL and asthma is inadequately controlled despite treatment for at least 3 months with both of the following at optimized doses:
 - i. Medium-to-high-dose inhaled corticosteroid
 - ii. Additional controller (long acting beta2-agonist, tiotropium, leukotriene modifier), unless contraindicated or not tolerated
2. Member will not use Dupixent as monotherapy
3. Member will not use Dupixent concomitantly with other biologics (e.g., Cinqair, Fasentra, Nucala or Xolair).

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C. Chronic rhinosinusitis with nasal polyposis (CRSwNP)

Authorization of 6 months may be granted for treatment of CRSwNP in adult and pediatric members aged 12 years and older when all of the following criteria are met:

1. Documentation that the member has bilateral nasal polyposis and chronic symptoms of sinusitis despite intranasal corticosteroid treatment for at least 2 months unless contraindicated or not tolerated; AND
2. Documentation that the member has CRSwNP despite one of the following:
 - a. Prior sino-nasal surgery; OR
 - b. Prior treatment with systemic corticosteroids within the last two years was ineffective, unless contraindicated or not tolerated; AND
3. Documentation that the member has a bilateral nasal endoscopy, anterior rhinoscopy, or CT showing polyps; AND
4. Documentation that the member has nasal obstruction plus one additional symptom:
 - a. Rhinorrhea (anterior/posterior); OR
 - b. Reduction or loss of smell; AND
5. Documentation that the member will be using a daily intranasal corticosteroid while being treated with Dupixent, unless contraindicated or not tolerated.

D. Eosinophilic esophagitis (EoE)

Authorization of 6 months may be granted for treatment of EoE in members 1 year of age or older, weighing at least 15 kg, when all of the following criteria are met:

1. Documentation that the member meets one of the following:
 - a. Member is 1 year of age to less than 11 years of age and has clinical manifestations of disease (e.g., vomiting, heartburn, abdominal pain, food refusal, failure to thrive).
 - b. Member is 11 years of age or older and has history of an average of at least 2 episodes of dysphagia (with intake of solids) per week
2. Documentation that the diagnosis has been confirmed by esophageal biopsy as characterized by 15 or more intraepithelial esophageal eosinophils per high power field
3. Documentation that the member has had an inadequate treatment response to both of the following:
 - i. Proton pump inhibitor for at least 8 weeks
 - ii. Systemic corticosteroid or local therapies (e.g., budesonide or fluticasone swallowed), unless contraindicated or not tolerated.

E. Prurigo Nodularis (PN)

Authorization of 6 months may be granted for treatment of prurigo nodularis when all of the following criteria are met:

1. Member is 18 years of age or older
2. Documentation that the member has pruritus lasting at least 6 weeks, with a severity level of severe to very severe (WI-NRS score ≥ 7) reported on ≥ 2 separate days.
3. Documentation that the member has history or signs of repeated itch-scratch cycle (e.g., scratching, picking, or rubbing).
4. Documentation that the member has a minimum of 20 nodular lesions.
5. Documentation that the member meets either of the following:
 - i. Member has had an inadequate response to one of the following:
 - a. A medium to super-high potency topical corticosteroid (see Appendix) for ≥ 2 weeks
 - b. A topical calcineurin inhibitor for ≥ 2 weeks
 - c. Phototherapy (e.g., UVB, PUVA)

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- d. Pharmacologic treatment with methotrexate or cyclosporine
- ii. Member has had an intolerance or a clinical reason to avoid a medium to super-high potency topical corticosteroid (see Appendix) and topical calcineurin inhibitor
- 6. Member will not use Dupixent concomitantly with any other biologic drug or targeted synthetic drug.

F. Chronic Obstructive Pulmonary Disease (COPD)

Authorization of 6 months may be granted for treatment of COPD in members 18 years of age or older when all of the following criteria are met:

- 7. Documentation that the member has a confirmed diagnosis of inadequately controlled COPD
- 8. Documentation that the member has history of ≥ 2 moderate or ≥ 1 severe exacerbations within the past 12 months
- 9. Documentation that the member has an eosinophilic phenotype, EOS ≥ 300 cells/ μ L
- 10. Documentation that the member has had an inadequate response, intolerance or contraindications to ≥ 3 -month trial of ALL of the following treatments:
 - a. Long-acting beta 2 agonist (LABA)
 - b. Long-acting muscarinic antagonist/anticholinergic (LAMA)
 - c. Inhaled corticosteroid (ICS); OR ≥ 3 -month trial of double therapy (LABA + LAMA) permitted if ICS is contraindicated
- 11. Member will continue to receive maintenance therapy concomitantly with Dupixent

IV. CONTINUATION OF THERAPY

For all indications: Member will not use Dupixent concomitantly with any other biologic drug or targeted synthetic drug.

A. Moderate-to-severe atopic dermatitis

Authorization of 12 months may be granted for members 6 months of age or older with documentation showing members who achieve or maintain positive clinical response with Dupixent therapy for moderate-to-severe atopic dermatitis as evidenced by low disease activity (i.e., clear or almost clear skin) or improvement in signs and symptoms of atopic dermatitis (e.g., redness, itching, oozing/crusting).

B. Moderate-to-severe asthma

Authorization of 12 months may be granted for members 6 years of age or older when all of the following criteria are met:

- 1. Documentation that the member has achieved and maintained positive clinical response with Dupixent therapy for asthma as evidenced by at least one of the following:
 - a. A reduction in the frequency and/or severity of symptoms and exacerbations
 - b. A reduction in the daily maintenance oral corticosteroid dose
- 2. Member will not use Dupixent as monotherapy
- 3. Member will not use Dupixent concomitantly with other biologics (e.g., Cinqair, Fasenra, Nucala or Xolair)

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C. Chronic rhinosinusitis with nasal polyposis (CRSwNP)

Authorization of 12 months may be granted for adult and pediatric members aged 12 years and older with documentation showing members who achieve or maintain positive clinical response to Dupixent therapy as evidenced by improvement in signs and symptoms of CRSwNP (e.g., improvement in nasal congestion, nasal polyp size, loss of smell, anterior or posterior rhinorrhea, sinonasal inflammation, hyposmia and/or facial pressure or pain or reduction in corticosteroid use).

D. Eosinophilic esophagitis (EoE)

Authorization of 12 months may be granted for continuation of treatment of eosinophilic esophagitis in members 1 year of age or older, weighing at least 15 kg, when member has documentation showing they have achieved or maintained positive clinical response with Dupixent therapy as evidenced by improvement in signs and symptoms of eosinophilic esophagitis (e.g., dysphagia, heartburn, chest pain, emesis).

E. Prurigo Nodularis

Authorization of 12 months may be granted for members 18 years of age or older who are using Dupixent for prurigo nodularis when the member has achieved or maintained positive clinical response with Dupixent therapy as evidenced by either low disease activity (i.e., clear or almost clear skin) or a reduction in pruritis intensity and improvement in extent and severity of nodular lesions

F. Chronic Obstructive Pulmonary Disease (COPD)

Authorization of 12 months may be granted for members 18 years of age or older who are using Dupixent for COPD with documentation that the member has achieved or maintained positive clinical response with Dupixent as evidenced by a reduction in the frequency and/or severity of symptoms & exacerbations and the member will continue to receive maintenance therapy concomitantly with Dupixent.

V. QUANTITY LIMIT

- a. Dupixent 100mg: 2 syringes per 28 days or daily dose of 0.048
- b. Dupixent 200mg 2 syringes/pens per 28 days or daily dose of 0.09
- c. Dupixent 300mg 2 syringes/pens per 28 days or daily dose of 0.15 for all indications other than EoE, with post-limit exception of 4 syringes/pens per 28 days or daily dose of 0.29 for EoE and loading doses for AD, PN, and CRSwNP with co-morbid asthma

VI. DOSING

Indication	Dosing
Atopic dermatitis	<i>Adults:</i> 600mg SC initially, followed by 300mg every other week <i>6 months to 5 years (5kg to less than 15kg):</i> 200mg SC every 4 weeks <i>6 months to 5 years (15kg to less than 30kg):</i> 300mg SC every 4 weeks <i>6 years or older (15kg to less than 60kg):</i> 600mg SC initially followed by 300mg every other week <i>6 years or older (30kg to less than 60kg):</i> 400mg SC initially followed by 200mg every other week

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	<i>6 years or older (60kg or more): 600mg SC initially followed by 300mg every other week</i>
Asthma	<i>Adults: 400mg SC initially, followed by 200mg every other week OR 600mg SC initially followed by 300mg every other week 6-11 years old (15kg to less than 30kg): 100mg SC every other week or 300mg every 4 weeks 6-11 years old (30kg or greater): 200mg SC every other week 12 years and older: 400mg SC initially, followed by 200mg every other week OR 600mg SC initially followed by 300mg every other week</i>
Chronic rhinosinusitis with nasal polyposis	<i>Pediatric members aged 12 years and older and Adults: 300mg SC every other week</i>
Eosinophilic esophagitis	<i>1 year and older (and weighing 15kg): 15kg to less than 30kg: 200mg SC every other week 30kg to less than 40kg: 300mg SC every other week 40kg or more: 300mg SC every week</i>
Chronic Obstructive Pulmonary Disease	<i>Adults: 300mg SC every other week</i>
Prurigo Nodularis	<i>Adults: 600mg SC initially, followed by 300mg every other week</i>

VII. APPENDIX: Relative potency of select topical corticosteroid products

Potency	Drug	Dosage form	Strength
I. Super-high potency (group 1)	Augmented betamethasone dipropionate	Ointment, Gel	0.05%
	Clobetasol propionate	Cream, Ointment, Solution, Cream (emollient)	0.05%
	Fluocinonide	Cream	0.1%
II. High potency (group 2)	Augmented betamethasone dipropionate	Cream	0.05%
	Betamethasone dipropionate	Ointment	0.05%
	Fluocinonide	Cream, Ointment, Gel, Solution	0.05%
III. High potency (group 3)	Betamethasone dipropionate	Cream	0.05%
	Betamethasone valerate	Ointment	0.1%
	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)	Fluocinolone acetonide	Ointment	0.025%
	Mometasone furoate	Cream	0.1%
	Triamcinolone acetonide	Cream	0.1%

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Potency	Drug	Dosage form	Strength
		Ointment	0.05% and 0.1%

VIII. REFERENCES

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