

## PRIOR AUTHORIZATION POLICY

**POLICY:** Immunologicals – Dupixent Prior Authorization Policy

- Dupixent® (dupilumab subcutaneous injection – Regeneron/sanofi-aventis)

**REVIEW DATE:** 04/19/2024; selected revisions 09/25/2024 and 10/09/2024

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### OVERVIEW

Dupixent, an interleukin-4 receptor alpha antagonist, is indicated for the following uses:<sup>1</sup>

- **Asthma**, as an add-on maintenance treatment in patients  $\geq 6$  years of age with moderate-to-severe disease with an eosinophilic phenotype or with oral corticosteroid-dependent asthma.  
Limitation of Use: Dupixent is not indicated for the relief of acute bronchospasm or status asthmaticus.
- **Atopic dermatitis**, for the treatment of patients  $\geq 6$  months of age with moderate-to-severe disease not adequately controlled with topical prescription therapies or when those therapies are not advisable.
- **Chronic obstructive pulmonary disease (COPD)**, as add-on maintenance treatment in patients  $\geq 18$  years of age with inadequately controlled disease and an eosinophilic phenotype.  
Limitation of Use: Dupixent is not indicated for the relief of acute bronchospasm.
- **Chronic rhinosinusitis with nasal polyposis (CRSwNP)** [i.e., nasal polyps], as an add-on maintenance treatment in patients  $\geq 12$  years of age with inadequately controlled disease.
- **Eosinophilic esophagitis**, in patients  $\geq 1$  year of age who weigh  $\geq 15$  kg.
- **Prurigo nodularis**, in patients  $\geq 18$  years of age.

### Clinical Efficacy

#### *Asthma*

Timing of efficacy assessments varied by indication across the numerous pivotal studies in which Dupixent demonstrated benefit. In the asthma trials, efficacy with Dupixent was assessed as early as 24 weeks.<sup>2-5</sup>

#### *Atopic Dermatitis*

In atopic dermatitis, the majority of studies evaluated the efficacy of Dupixent at 16 weeks.<sup>1,6-10</sup>

#### *Chronic Obstructive Pulmonary Disease*

Two pivotal studies evaluated Dupixent in adults with COPD.<sup>32,33</sup> To be eligible for enrollment, patients had a blood eosinophil level  $\geq 300$  cells per microliter. Patients were required to have been receiving background triple inhaler therapy (i.e., an inhaled corticosteroid [ICS] with a long-acting muscarinic antagonist [LAMA] and a long-acting beta2-agonist [LABA]) or LAMA/LABA combination therapy if the patient had an ICS contraindication, for at least 3 months prior to randomization. Patients also had signs or symptoms of chronic bronchitis for  $\geq 3$  months and had experienced at least two moderate COPD exacerbations or one severe COPD exacerbation the year prior to screening. Moderate COPD exacerbations were defined as exacerbations that required treatment with a systemic corticosteroid, an antibiotic agent, or both. At least one of the moderate exacerbations had to have required treatment with a systemic corticosteroid. Severe exacerbations were defined as exacerbations that led to hospitalization or an emergency medical care visit with observation lasting  $> 24$  hours. Overall, at least one of the patient's exacerbations had to have occurred while they were receiving ICS/LAMA/LABA therapy (or a LAMA/LABA if the patient had an ICS contraindication). Patients were randomized to receive either Dupixent or placebo in addition to background maintenance therapy (i.e., ICS/LAMA/LABA triple therapy or LAMA/LABA therapy if the patient had an ICS contraindication) for 52 weeks. While lung function

parameters were improved as early as Week 12 (3 months), the other major efficacy endpoints were evaluated at Week 52 (e.g., exacerbations, dyspnea scores).

### *Chronic Rhinosinusitis with Nasal Polyps*

The pivotal studies involving patients with CRSwNP evaluated the primary efficacy endpoints following 24 weeks of treatment.<sup>1,11-13</sup> Patients continued treatment with intranasal corticosteroids throughout the studies.

### *Eosinophilic Esophagitis*

In Dupixent's eosinophilic esophagitis pivotal study, patients  $\geq 12$  years of age were required to have disease confirmed by baseline endoscopic biopsies with a demonstration of eosinophilic infiltration on central reading (peak cell count  $\geq 15$  eosinophils per high-powered field) that was unresponsive to an 8 week course of treatment with a high-dose proton pump inhibitor.<sup>14</sup> Patients with other causes of eosinophilic esophagitis, such as hypereosinophilic syndrome and eosinophilic granulomatosis with polyangiitis, were excluded from the study. In the first portion of this study, efficacy, as measured by objective assessments (e.g., intraepithelial eosinophil count) and subjective assessments (e.g., dysphagia symptoms), was evaluated after 24 weeks (6 months) of Dupixent therapy. A very similarly designed pivotal study evaluated the efficacy of Dupixent for the treatment of eosinophilic esophagitis in patients 1 to 11 years of age.<sup>1</sup> Endoscopic biopsy evidence of eosinophilic infiltration despite treatment with a proton pump inhibitor was again required for study enrollment.

### *Prurigo Nodularis*

Two pivotal studies, PRIME and PRIME2, evaluated Dupixent's efficacy in the treatment of prurigo nodularis.<sup>15,16</sup> To enroll, patients were required to have  $\geq 20$  identifiable nodular lesions in total on both legs, and/or both arms, and/or trunk and to have failed a 2-week trial of a topical corticosteroid. Patients with prurigo nodularis secondary to medications or a medical condition such as neuropathy or psychiatric disease were excluded from the studies. The primary endpoint was evaluated at Week 24 in PRIME and initially at Week 12 and again at Week 24 in PRIME2.

## **Guidelines**

### *Asthma Guidelines*

The Global Initiative for Asthma Global Strategy for Asthma Management and Prevention (2023) proposes a stepwise approach to asthma treatment.<sup>17</sup> Dupixent is listed as an option for add-on therapy in patients  $\geq 6$  years of age with severe eosinophilic/Type 2 asthma or for patients  $\geq 12$  years of age who require treatment with a maintenance oral corticosteroid. Higher blood eosinophil levels and higher fractional concentration of exhaled nitric oxide may predict a good asthma response to Dupixent.

According to the European Respiratory Society/American Thoracic Society guidelines (2014; updated in 2020), severe asthma is defined as asthma which requires treatment with a high-dose inhaled corticosteroid (ICS) in addition to a second controller medication (and/or systemic corticosteroids) to prevent it from becoming uncontrolled, or asthma which remains uncontrolled despite this therapy.<sup>18,19</sup> Uncontrolled asthma is defined as asthma that worsens upon tapering of high-dose ICS or systemic corticosteroids or asthma that meets one of the following four criteria:

- 1) Poor symptom control: Asthma Control Questionnaire consistently  $\geq 1.5$  or Asthma Control Test  $< 20$ ; OR
- 2) Frequent severe exacerbations: two or more bursts of systemic corticosteroids in the previous year; OR
- 3) Serious exacerbations: at least one hospitalization, intensive care unit stay, or mechanical ventilation in the previous year; OR

- 4) Airflow limitation: forced expiratory volume in 1 second (FEV<sub>1</sub>) < 80% predicted after appropriate bronchodilator withholding.

### *Atopic Dermatitis Guidelines*

Guidelines for the care and management of atopic dermatitis (with topical therapies in adults [2022], with phototherapy and systemic agents [2023]) have been updated to address Dupixent.<sup>20,21</sup> The guidelines note that despite the availability of newer, systemic therapies (e.g., Dupixent), topical agents remain the mainstay of treatment due to their proven track record and favorable safety profiles. Several topical agents are recommended, with topical corticosteroids commonly used first-line for mild to severe atopic dermatitis in all skin regions. If topical therapy and basic management (e.g., moisturizers, bathing modifications) have been optimized and the patient has not achieved adequate control, consider an alternative diagnosis or systemic therapy. In this setting, use of Dupixent is recommended in patients with moderate to severe disease (strong recommendation).

### *Chronic Obstructive Pulmonary Disease Guidelines*

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease (2024) does not address Dupixent.<sup>34</sup> Triple therapy with an ICS/LAMA/LABA combination is recommended in patients with a history of exacerbations and elevated eosinophils. However, guidelines note that ICS therapy increases the risk of pneumonia in patients with COPD, particularly those with severe disease.

### *Chronic Rhinosinusitis with Nasal Polyps Guidelines*

The Joint Task Force on Practice Parameters (JTFPP) published a focused guideline update for the medical management of CRSwNP (2023), which updated recommendations regarding intranasal corticosteroids and biologic therapies.<sup>22</sup> Intranasal corticosteroids are recommended for the treatment of CRSwNP. Use of biologics (e.g., Dupixent) is also recommended. However, in patients who derived a sufficient benefit from other therapies such as intranasal corticosteroids, surgery, or aspirin therapy after desensitization, biologics may not be preferred. Conversely, biologics may be preferred over other medical treatment options in patients who continue to have a high burden of disease despite receiving at least 4 weeks of treatment with an intranasal corticosteroid.

The diagnosis of CRSwNP was not addressed in this focused guideline update, but previous guidelines have noted that the presence of two or more signs and symptoms of chronic rhinosinusitis (e.g., rhinorrhea, postnasal drainage, anosmia, nasal congestion, facial pain, headache, fever, cough, and purulent discharge) that persist for an extended period of time makes the diagnosis chronic rhinosinusitis likely.<sup>23-26</sup> However, this requires confirmation of sinonasal inflammation, which can either be done via direct visualization or computed tomography (CT) scan. Oral corticosteroids and surgical intervention were not specifically addressed in this update, but prior guidelines recommend short courses of oral corticosteroid as needed and consideration of surgical removal as an adjunct to medical therapy in patients with CRSwNP that is not responsive or is poorly responsive to medical therapy.<sup>23,24,26</sup>

### *Eosinophilic Esophagitis Guidelines*

Guidelines for the management of eosinophilic esophagitis from the American Gastroenterological Association and the Joint Task Force on Allergy-Immunology Practice Parameters (2020) have not been updated since the FDA approval of Dupixent for this indication.<sup>27</sup> In patients with symptomatic disease, use of a proton pump inhibitor is recommended over no treatment, as is treatment with topical corticosteroids. Guidelines recommend diet modifications, such as an elemental diet (amino-acid based formulas) or an elimination diet, over no treatment. However, it is noted that patients who put a higher value on avoiding the challenges of adherence to these diets and the prolonged process of dietary reintroduction may reasonably decline this treatment option.

### *Prurigo Nodularis Guidelines*

A United States Expert Panel Consensus provides a practical approach for the diagnosis and management of prurigo nodularis (2021).<sup>28</sup> The primary findings in patients with prurigo nodularis are the presence of firm, nodular lesions; pruritus lasting at least 6 weeks; and or signs, or both, of repeated scratching, picking, or rubbing. Goals of treatment are to reduce pruritus, interrupt the itch-scratch cycle, and completely heal prurigo nodularis lesions.

### **POLICY STATEMENT**

Prior Authorization is recommended for prescription benefit coverage of Dupixent. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Dupixent as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Dupixent to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Automation:** None.

### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of Dupixent is recommended in those who meet one of the following criteria:

### **FDA-Approved Indications**

- 1. Asthma.** Approve for the duration noted if the patient meets ONE of the following (A or B):
  - A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, and v):
    - i.** Patient is  $\geq 6$  years of age; AND
    - ii.** Patient meets ONE of the following (a or b):
      - a)** Patient meets ONE of the following (1 or 2):
        - (1)** Patient has a blood eosinophil level  $\geq 150$  cells per microliter within the previous 6 weeks; OR
        - (2)** Patient had a blood eosinophil level  $\geq 150$  cells per microliter prior to treatment with Dupixent or another monoclonal antibody therapy that may alter blood eosinophil levels; OR  
**Note:** Examples of monoclonal antibody therapies that may alter blood eosinophil levels include Dupixent, Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous infusion), Ebglyss (lebrikizumab-lbkz subcutaneous injection), Fasenra (benralizumab subcutaneous injection), Nemlurio (nemolizumab-ilto subcutaneous injection), Nucala (mepolizumab subcutaneous injection), Tezspire (tezepelumab subcutaneous injection), and Xolair (omalizumab subcutaneous injection).
      - b)** According to the prescriber, the patient has oral (systemic) corticosteroid-dependent asthma (e.g., the patient has received  $\geq 5$  mg oral prednisone or equivalent per day for  $\geq 6$  months); AND
    - iii.** Patient has received at least 3 consecutive months of combination therapy with BOTH of the following (a and b):
      - a)** An inhaled corticosteroid; AND

- b) At least one additional asthma controller or asthma maintenance medication; AND  
Note: Examples of additional asthma controller or asthma maintenance medications are inhaled long-acting beta<sub>2</sub>-agonists, inhaled long-acting muscarinic antagonists, and monoclonal antibody therapies for asthma (e.g., Cinqair, Fasenra, Nucala, Tezspire, and Xolair). Use of a combination inhaler containing both an inhaled corticosteroid and additional asthma controller/maintenance medication(s) would fulfill the requirement for both criteria a and b.
    - iv. Patient has asthma that is uncontrolled or was uncontrolled at baseline as defined by ONE of the following (a, b, c, d, or e):  
Note: “Baseline” is defined as prior to receiving Dupixent or another monoclonal antibody therapy for asthma. Examples of monoclonal antibody therapies for asthma include Dupixent, Cinqair, Fasenra, Nucala, Tezspire, and Xolair.
      - a) Patient experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; OR
      - b) Patient experienced one or more asthma exacerbation(s) requiring a hospitalization, an emergency department visit, or an urgent care visit in the previous year; OR
      - c) Patient has a forced expiratory volume in 1 second (FEV<sub>1</sub>) < 80% predicted; OR
      - d) Patient has an FEV<sub>1</sub>/forced vital capacity (FVC) < 0.80; OR
      - e) Patient has asthma that worsens upon tapering of oral (systemic) corticosteroid therapy; AND
    - v. The medication is prescribed by or in consultation with an allergist, immunologist, or pulmonologist.
  - B) Patient is Currently Receiving Dupixent. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
    - i. Patient has already received at least 6 months of therapy with Dupixent; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with Dupixent should be considered under criterion 1A (Asthma, Initial Therapy).
    - ii. Patient continues to receive therapy with one inhaled corticosteroid or one inhaled corticosteroid-containing combination inhaler; AND
    - iii. Patient has responded to therapy as determined by the prescriber.  
Note: Examples of a response to Dupixent therapy are decreased asthma exacerbations; decreased asthma symptoms; decreased hospitalizations, emergency department visits, or urgent care visits due to asthma; decreased requirement for oral corticosteroid therapy.
- 2. **Atopic Dermatitis.** Approve for the duration noted if the patient meets ONE of the following (A or B):
  - A) Initial Therapy. Approve for 4 months if the patient meets ALL of the following (i, ii, iii, and iv):
    - i. Patient is ≥ 6 months of age; AND
    - ii. According to the prescriber, the patient has atopic dermatitis involvement estimated to be ≥ 10% of the body surface area; AND
    - iii. Patient meets ALL of the following (a, b, and c):
      - a) Patient has tried at least one medium-, medium-high, high-, and/or super-high-potency prescription topical corticosteroid; AND
      - b) This topical corticosteroid was applied daily for at least 28 consecutive days; AND
      - c) According to the prescriber, inadequate efficacy was demonstrated with this topical corticosteroid therapy; AND
    - iv. The medication is prescribed by or in consultation with an allergist, immunologist, or dermatologist.
  - B) Patient is Currently Receiving Dupixent. Approve for 1 year if the patient meets BOTH of the following (i and ii):
    - i. Patient has already received at least 4 months of therapy with Dupixent; AND

Note: A patient who has received < 4 months of therapy or who is restarting therapy with Dupixent should be considered under criterion 2A (Atopic Dermatitis, Initial Therapy).

- ii. Patient has responded to therapy as determined by the prescriber.

Note: Examples of a response to Dupixent therapy are marked improvements in erythema, induration/papulation/edema, excoriations, and lichenification; reduced pruritus; decreased requirement for other topical or systemic therapies; reduced body surface area affected with atopic dermatitis; or other responses observed.

- 3. **Chronic Obstructive Pulmonary Disease (COPD).** Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):

- i. Patient is  $\geq 18$  years of age; AND

- ii. Patient meets ONE of the following (a or b):

- a) Patient has a blood eosinophil level  $\geq 300$  cells per microliter within the previous 6 weeks; OR

- b) Patient had a blood eosinophil level  $\geq 300$  cells per microliter prior to treatment with Dupixent or another monoclonal antibody therapy that may alter blood eosinophil levels; AND

Note: Examples of monoclonal antibody therapies that may alter blood eosinophil levels include Dupixent, Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous infusion), Ebglyss (lebrikizumab-lbkz subcutaneous injection); Fasenra (benralizumab subcutaneous injection), Nemluvio (nemolizumab-ilot subcutaneous injection); Nucala (mepolizumab subcutaneous injection), Tezspire (tezepelumab subcutaneous injection), and Xolair (omalizumab subcutaneous injection).

- iii. Patient meets ONE of the following (a or b):

- a) Patient has received at least 3 consecutive months of combination therapy with ALL of the following (1, 2, and 3):

(1) Inhaled long-acting beta<sub>2</sub>-agonist (LABA); AND

(2) Inhaled long-acting muscarinic antagonist (LAMA); AND

(3) Inhaled corticosteroid (ICS); OR

Note: Use of single-entity inhalers or a combination inhaler containing multiple agents from the medication classes listed would fulfill the requirement.

- b) Patient meets BOTH of the following (1 and 2):

(1) Patient has received at least 3 consecutive months of combination therapy with an inhaled LABA and an inhaled LAMA; AND

Note: Use of single-entity inhalers or a combination inhaler containing multiple agents from the medication classes listed would fulfill the requirement.

(2) According to the prescriber, the patient has a contraindication to the use of an inhaled corticosteroid; AND

- iv. According to the prescriber, the patient has had signs or symptoms of chronic bronchitis (e.g., chronic productive cough) for  $\geq 3$  months in the previous 12 months; AND

- v. Patient meets ONE of the following (a or b):

- a) Patient meets ALL of the following (1, 2, and 3):

(1) Patient experienced two or more COPD exacerbations requiring treatment with a systemic corticosteroid and/or an antibiotic in the previous 12 months; AND

(2) One or more of these COPD exacerbations required treatment with a systemic corticosteroid; AND

(3) One or more of these COPD exacerbations occurred while the patient was receiving combination therapy with an ICS, LAMA, and LABA or with a LAMA and LABA, if the patient has a contraindication to an ICS; OR

- b) Patient meets ALL of the following (1 and 2):
        - (1) Patient experienced one or more COPD exacerbation(s) requiring a hospitalization in the previous 12 months; AND
 

Note: A hospitalization includes a hospital admission or an emergency medical care visit with observation lasting > 24 hours.
        - (2) One or more of these COPD exacerbations occurred while the patient was receiving combination therapy with an ICS, LAMA, and LABA or with a LAMA and LABA, if the patient has a contraindication to an ICS; AND
      - vi. The medication is prescribed by or in consultation with an allergist, immunologist, or pulmonologist.
  - B) Patient is Currently Receiving Dupixent. Approve for 1 year if the patient meets the following (i, ii, and iii):
    - i. Patient has already received at least 6 months of therapy with Dupixent; AND
 

Note: A patient who has received < 6 months of therapy or who is restarting therapy with Dupixent should be considered under criterion 3A (Chronic Obstructive Pulmonary Disease, Initial Therapy).
    - ii. Patient continues to receive combination therapy with an inhaled LABA and LAMA; AND
 

Note: Use of single-entity inhalers or a combination inhaler containing multiple agents from the medication classes listed would fulfill the requirement.
    - iii. Patient has experienced a beneficial clinical response, defined by ONE of the following (a, b, c, d, or e):
      - a) Reduced COPD symptoms; OR
      - b) Reduced COPD exacerbations; OR
      - c) Reduced COPD-related hospitalizations; OR
      - d) Reduced emergency department or urgent care visits; OR
      - e) Improved lung function parameters.
4. **Chronic Rhinosinusitis with Nasal Polyps.** Approve for the duration noted if the patient meets ONE of the following (A or B):
- A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
    - i. Patient is  $\geq 12$  years of age; AND
    - ii. Patient has chronic rhinosinusitis with nasal polyps as evidenced by direct examination, endoscopy, or sinus computed tomography (CT) scan; AND
    - iii. Patient has experienced two or more of the following symptoms for at least 6 months: nasal congestion, nasal obstruction, nasal discharge, and/or reduction/loss of smell; AND
    - iv. Patient meets BOTH of the following (a and b):
      - a) Patient has received at least 4 weeks of therapy with an intranasal corticosteroid; AND
      - b) Patient will continue to receive therapy with an intranasal corticosteroid concomitantly with Dupixent; AND
    - v. Patient meets ONE of the following (a, b, or c):
      - a) Patient has received at least one course of treatment with a systemic corticosteroid for 5 days or more within the previous 2 years; OR
      - b) Patient has a contraindication to systemic corticosteroid therapy; OR
      - c) Patient has had prior surgery for nasal polyps; AND
    - vi. The medication is prescribed by or in consultation with an allergist, immunologist, or an otolaryngologist (ear, nose, and throat [ENT] physician specialist).
  - B) Patient is Currently Receiving Dupixent. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
    - i. Patient has already received at least 6 months of therapy with Dupixent; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with Dupixent should be considered under criterion 4A (Chronic Rhinosinusitis with Nasal Polyps, Initial Therapy).

- ii. Patient continues to receive therapy with an intranasal corticosteroid; AND
- iii. Patient has responded to therapy as determined by the prescriber.

Note: Examples of a response to Dupixent therapy are reduced nasal polyp size, improved nasal congestion, reduced sinus opacification, decreased sinonasal symptoms, improved sense of smell.

**5. Eosinophilic Esophagitis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

**A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, v, vi and vii):

- i. Patient is  $\geq 1$  year of age; AND
- ii. Patient weighs  $\geq 15$  kg; AND
- iii. Patient has a diagnosis of eosinophilic esophagitis as confirmed by an endoscopic biopsy demonstrating  $\geq 15$  intraepithelial eosinophils per high-power field; AND
- iv. Patient does not have a secondary cause of eosinophilic esophagitis; AND  
Note: Examples of secondary causes of eosinophilic esophagitis are hypereosinophilic syndrome, eosinophilic granulomatosis with polyangiitis, and food allergy.
- v. Patient has received at least 8 weeks of therapy with a proton pump inhibitor; AND
- vi. Patient meets ONE of the following (a or b):

- a) Patient has tried dietary modifications to treat/manage eosinophilic esophagitis; OR
- b) The provider has determined that the patient is not an appropriate candidate for dietary modifications; AND

Note: Examples of dietary modifications to treat eosinophilic esophagitis include an elemental diet or an elimination diet.

- vii. The medication is prescribed by or in consultation with an allergist or gastroenterologist.

**B) Patient is Currently Receiving Dupixent.** Approve for 1 year if the patient meets BOTH of the following (i and ii):

- i. Patient has already received at least 6 months of therapy with Dupixent; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with Dupixent should be considered under criterion 5A (Eosinophilic Esophagitis, Initial Therapy).
- ii. Patient has experienced a beneficial clinical response, defined by ONE of the following (a, b, or c):

- a) Reduced intraepithelial eosinophil count; OR
- b) Decreased dysphagia/pain upon swallowing; OR
- c) Reduced frequency/severity of food impaction.

**6. Prurigo Nodularis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

**A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):

- i. Patient is  $\geq 18$  years of age; AND
- ii. Patient has  $\geq 20$  identifiable nodular lesions in total on both arms, and/or both legs, and/or trunk; AND
- iii. Patient has experienced pruritus for  $\geq 6$  weeks; AND
- iv. Patient meets ONE of the following (a or b):

- a) Patient's prurigo nodularis is NOT medication-induced or secondary to a non-dermatologic condition such as neuropathy or a psychiatric disease; OR



- b) According to the prescriber, the patient has a secondary cause of prurigo nodularis that has been identified and adequately managed; AND
  - v. Patient meets ALL of the following (a, b, and c):
    - a) Patient has tried at least one high- or super-high-potency prescription topical corticosteroid; AND
    - b) This topical corticosteroid was applied daily for at least 14 consecutive days; AND
    - c) According to the prescriber, inadequate efficacy was demonstrated with this topical corticosteroid therapy; AND
  - vi. The medication is prescribed by or in consultation with an allergist, immunologist, or dermatologist.
- B) Patient is Currently Receiving Dupixent.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
- i. Patient has already received at least 6 months of therapy with Dupixent; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with Dupixent should be considered under criterion 6A (Prurigo Nodularis, Initial Therapy).
  - ii. Patient has experienced a beneficial clinical response, defined by ONE of the following (a, b, or c):
    - (1) Reduced nodular lesion count; OR
    - (2) Decreased pruritus; OR
    - (3) Reduced nodular lesion size.

### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Dupixent is not recommended in the following situations:

- 1. Concurrent Use of Dupixent with another Monoclonal Antibody Therapy.** The efficacy and safety of Dupixent in combination with other monoclonal antibody therapies have not been established.  
Note: Monoclonal antibody therapies are Adbry® (tralokinumab-ldrm subcutaneous injection), Cinqair® (reslizumab intravenous injection), Ebglyss® (lebrikizumab-lbkz subcutaneous injection), Fasentra® (benralizumab subcutaneous injection), Nemluvio® (nemolizumab-ilto subcutaneous injection), Nucala® (mepolizumab subcutaneous injection), Teszpire® (tezepelumab-ekko subcutaneous injection), or Xolair® (omalizumab subcutaneous injection).
- 2. Concurrent Use of Dupixent with Janus Kinase (JAK) Inhibitors (oral or topical).** Use of JAK inhibitors is not recommended for use in combination with other JAK inhibitors, biologic immunomodulators (e.g., Dupixent), or with other immunosuppressants.<sup>29-31,35</sup>  
Note: Examples of JAK inhibitors are Cibinqo® (abrocitinib tablets), Leqselvi™ (deuruxolitinib tablets), Rinvoq®/Rinvoq® LQ (upadacitinib extended-release tablets and oral solution), and Opzelura™ (ruxolitinib cream).
- 3.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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