

**Applicable Drugs:** Dupixent (dupilumab)

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 8/4/2017

**Date Last Reviewed / Revised:** 6/3/2026

## **PRIOR AUTHORIZATION CRITERIA**

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of one of the following conditions A through I and must meet criteria under each applicable diagnosis:
  - A. Allergic fungal rhinosinusitis (AFRS)
    1. Documented IgE-mediated allergy to fungal hyphae with specific IgE serology or skin test.
    2. Documented sinus opacification on the Lund Mackay (LMK) sinus CT scan with a LMK score of greater than 9 for patients with unilateral polyps and greater than 12 for patients with bilateral polyps.
    3. Documented nasal polyps score (NPS) of 2 for unilateral polyps or 3 for bilateral polyps.
    4. Documented history of at least one sino-nasal surgery and evidence of the presence of fungi in the eosinophilic mucin.
    5. Minimum age requirement: 6 years old.
  - B. Moderate-to-severe atopic dermatitis (AD)
    1. Meets all specified criteria outlined in the Targeted Immune Modulator policy.
  - C. Moderate-to-severe asthma
    1. Documentation of one of the following criteria (a or b):
      - a) Documentation that the member has oral corticosteroid-dependent asthma (ie, at least 5 mg oral prednisone or equivalent per day).
      - b) Documented blood eosinophilia count of at least 150 cells/mcL at baseline.
    2. Documentation that the patient has been on a minimum of a six-month trial of a high-dose inhaled corticosteroid (ICS) used in combination with a long-acting inhaled beta-2 agonist (LABA).
    3. Documentation that the patient's asthma symptoms are poorly controlled despite therapy AND meets at least one of the following criteria:

- a) Poor symptom control (eg, Asthma Control Questionnaire [ACQ] score consistently greater than 1.5 or Asthma Control Test [ACT] score consistently less than 20).
- b) Two or more asthma exacerbations requiring systemic corticosteroids within the past 12 months.
- c) One or more asthma exacerbations requiring emergency treatment (ie, hospitalization, mechanical ventilation, or emergency room visit) within the past 12 months.
- d) Worsening asthma when oral corticosteroids are tapered.
- e) Baseline forced expiratory volume in one second (FEV1) less than 80% predicted.
- 4. Documentation that Dupixent will be used in conjunction with ICS + LABA therapy as an add-on maintenance treatment.
- 5. Minimum age requirement: 6 years old.
- D. Bullous pemphigoid
  - 1. Meets all specified criteria outlined in the Targeted Immune Modulator policy.
- E. Chronic obstructive pulmonary disease (COPD)
  - 1. Documented spirometry testing meeting both of the following criteria:
    - a) Post-bronchodilator FEV1/FVC less than 0.7.
    - b) Post-bronchodilator FEV1 between 30 to 70% predicted normal.
  - 2. Documented blood eosinophil count of at least 300 cells/mcL at baseline.
  - 3. Documented history of chronic bronchitis.
  - 4. Documentation that the patient has been on a minimum of a six-month trial on LAMA + LABA + ICS (long-acting muscarinic antagonist + long-acting beta agonist + inhaled corticosteroid) therapy OR LAMA + LABA therapy if ICS is contraindicated.
  - 5. Documentation of COPD exacerbation history in the past 12 months that meets one of the following criteria (a or b):
    - a) Two or more COPD exacerbations requiring systemic corticosteroids and/or antibiotics. One of the exacerbations must require the use of systemic corticosteroids.
    - b) One or more COPD exacerbations requiring emergency treatment (ie, hospitalization, mechanical ventilation, or emergency room visit).
  - 6. Documentation that Dupixent will be used in conjunction with LAMA + LABA + ICS or LAMA + LABA therapy as an add-on maintenance treatment.

7. Minimum age requirement: 18 years old.
- F. Chronic rhinosinusitis with nasal polyps (CRSwNP)
1. Documentation that the patient has had two or more of the following signs and symptoms for at least 12 weeks:
    - a) Facial pain, pressure, or fullness
    - b) Nasal blockage, obstruction, or congestion
    - c) Purulent drainage
    - d) Reduced or absent sense of smell
  2. Documented presence of nasal polyps by one of the following:
    - a) Sinus CT
    - b) Nasal endoscopy
    - c) Anterior rhinoscopy
    - d) Sinus MRI
  3. Documented treatment failure, intolerance, or contraindication to an intranasal corticosteroid used for a minimum of 4 weeks.
  4. Documented treatment failure, intolerance, or contraindication to an oral corticosteroid to reduce size of nasal polyps OR had a polypectomy.
  5. Documentation that Dupixent will be used in conjunction with a nasal corticosteroid as an add-on maintenance treatment.
  6. Minimum age requirement: 12 years old.
- G. Chronic Spontaneous Urticaria (CSU)
1. Meets all specified criteria outlined in the Targeted Immune Modulator policy.
- H. Eosinophilic esophagitis (EoE)
1. Documented eosinophil count of at least 15 eosinophils per high-power microscopy field (eos/hpf).
  2. Documentation of one of the following criteria (a or b):
    - a) Endoscopic appearance consistent with EoE.
    - b) Signs and symptoms consistent with EoE (eg, dysphagia, food impaction, food refusal, abdominal pain, heartburn, regurgitation, chest pain, and/or odynophagia).
  3. Documented treatment failure, intolerance, or contraindication to an 8-week trial of both of the following:

- a) Inhaled corticosteroid (ie, budesonide or fluticasone) administered as a spray that is swallowed.
  - b) High dose proton pump inhibitor.
  4. Documented treatment failure or contraindication to dietary modifications to treat EoE (eg, empiric food elimination diet or elemental diet).
  5. Documentation that a medical evaluation has been performed to rule out secondary causes of EoE (eg, GERD, hypereosinophilic syndrome, Crohn's disease, etc.).
  6. Minimum age requirement: 1 year old, weighing at least 15 kg.
- I. Prurigo nodularis (PN)
    1. Meets all specified criteria outlined in the Targeted Immune Modulator policy.
  - II. Treatment must be prescribed by or in consultation with an allergist, gastroenterologist, immunologist, otolaryngologist (ear, nose, and throat [ENT] physician specialist), pulmonologist, or rhinologist.
  - III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
  - IV. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

## EXCLUSION CRITERIA

- Treatment of acute bronchospasm or status asthmaticus.
- Treatment of other eosinophilic conditions.
- Concurrent use with other anti-asthma monoclonal antibodies (ie, Cinqair [reslizumab], Exdensus [depemokimab], Fasenra [benralizumab], Nucala [mepolizumab], Tezspire [tezepelumab], and Xolair [omalizumab]).
- Concurrent use with other anti-COPD agents (ie, Nucala [mepolizumab] and Ohtuvayre [ensifentrine]).

## OTHER CRITERIA

- N/A

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- AFRS:
  - Age  $\geq$  18 years: Two 300 mg syringes or pens every 28 days.
  - Age 6 to 17 years:

- 15 to < 30 kg: Two 300 mg syringes or pens every 56 days.
- 30 to < 60 kg: Two 200 mg syringes or pens every 28 days.
- $\geq 60$  kg: Two 300 mg syringes or pens every 28 days.
- Asthma:
  - Age  $\geq 12$  years:
    - Two 200 mg syringes or pens for the first 14 days, then two 200 mg syringes or pens every 28 days thereafter OR
    - Two 300 mg syringes or pens for the first 14 days, then two 300 mg syringes or pens every 28 days thereafter.
  - Age  $\geq 12$  years with oral corticosteroid-dependent asthma or comorbid moderate to severe AD, CRSwNP, or AFRS:
    - Two 300 mg syringes or pens for the first 14 days, then two 300 mg syringes or pens every 28 days thereafter.
  - Age 6 to 11 years:
    - 15 kg to < 30 kg: Two 300 mg syringes or pens every 56 days.
    - $\geq 30$  kg: Two 200 mg syringes or pens every 28 days.
  - Age 6 to 11 years with comorbid moderate-to-severe AD
    - 15 to < 30 kg: Two 300 mg syringes or pens for the first 28 days, then two 300 mg syringes or pens every 56 days thereafter.
    - 30 to < 60 kg: Two 200 mg syringes or pens for the first 14 days, then two 200 mg syringes or pens every 28 days thereafter.
    - $\geq 60$  kg: Two 300 mg syringes or pens for the first 14 days, then two 300 mg syringes or pens every 28 days thereafter.
- COPD: Two 300 mg syringes or pens every 28 days.
- CRSwNP: Two 300 mg syringes or pens every 28 days.
- EoE:
  - 15 to < 30 kg: Two 200 mg syringes or pens every 28 days.
  - 30 to < 40 kg: Two 300 mg syringes or pens every 28 days.
  - $\geq 40$  kg: Four 300 mg syringes or pens every 28 days.

## APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** 12 months.
  - Eosinophilic esophagitis: an updated letter of medical necessity or progress notes showing sustained clinical benefits from the drug treatment, including a decrease in eosinophils per high-power microscopy field (eos/hpf) compared to baseline.

- Chronic obstructive pulmonary disease: an updated letter of medical necessity or progress notes showing sustained clinical benefits from the drug treatment (ie, decreased use of beta agonists, decreased use of systemic corticosteroids, decreased emergency department visits, decreased hospital admissions, and preservation of pulmonary function).
- All other diagnosis: An updated letter of medical necessity or progress notes showing that current medical necessity criteria are met and that the medication is effective.

## APPENDIX

- N/A

## REFERENCES

1. Dupixent. Prescribing information. Regeneron Pharmaceuticals; 2026. Accessed June 3, 2026. [https://www.regeneron.com/downloads/dupixent\\_fpi.pdf](https://www.regeneron.com/downloads/dupixent_fpi.pdf).
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4. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention. 2026. Accessed May 6, 2026. <https://ginasthma.org/2026-gina-strategy-report/>
5. Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. 2026. [https://goldcopd.org/wp-content/uploads/2026/01/GOLD-REPORT-2026-v1.3-8Dec2025\\_WMV2.pdf](https://goldcopd.org/wp-content/uploads/2026/01/GOLD-REPORT-2026-v1.3-8Dec2025_WMV2.pdf)
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7. Payne SC, McKenna M, Buckley J, et al. Clinical Practice Guideline: Adult Sinusitis Update. *Otolaryngol Head Neck Surg*. 2025;173 Suppl 1:S1-S56. doi:10.1002/ohn.1344
8. Dellon ES, Muir AB, Katzka DA, et al. ACG Clinical Guideline: Diagnosis and Management of Eosinophilic Esophagitis. *Am J Gastroenterol*. 2025;120(1):31-59. doi:10.14309/ajg.00000000000003194

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.