



Drug Name: Dupixent (dupilumab)

Date: 03-2018

Revised: 7-2018

Drug Name:	Dupixent (dupilumab)
Prescriber Restrictions:	Member is under the care of a dermatologist and/or allergist/immunologist; and
Age Restrictions:	Patient is at least 18 years of age.
Exclusion Criteria:	n/a
Required Medical Information:	<ul style="list-style-type: none"> • Patient is diagnosed with moderate to severe atopic dermatitis; and • Affected body surface area (BSA) is at 10% or greater; and • Patient has failed treatment with, or has a contraindication or intolerance to, at least two different medium or high potency topical corticosteroids; and • Patient has failed treatment with, or has a contraindication or intolerance to, tacrolimus ointment; and • Patient has failed treatment with standard dermatologic care for moderate to severe atopic dermatitis (e.g., wet wraps, bleach bath); and
Renewal Criteria:	<ul style="list-style-type: none"> • Patient is tolerating medication; and • Patient's pharmacy claim history supports adherence to therapy; and • Patient's diagnosis has improved status on medication since starting therapy as defined by the nature of the condition.
Dosing Limitation(s):	Dosing restriction of administration every other week. For the first 28 days of therapy the member has access to 900mg (3 injections) followed by 600mg (2 injections) every 28 days.
Supplier(s):	<p>Dupixent is supplied through the Pharmacy benefit processed under the appropriate NDC (national drug code). Dupixent is available solely through Neighborhood's preferred specialty pharmacy supplier, AllianceRx Walgreens Prime. Dupixent may also be filled at the local Walgreens specialty pharmacy located at Prairie Ave in Providence, RI.</p> <p>Walgreens Pharmacy 355 Prairie Ave Providence, RI 02905 Phone: 401-781-4390 Fax: 401-781-4645</p>
Coverage Duration:	Initial: 6 months Continuation of therapy: 12 months

Investigational use: Dupixent is considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined by FDA approval or Medicare Supported Compendia. Neighborhood does not provide coverage for drugs when used for investigational purposes.