

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Dupixent (dupilumab)

This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization. Additional MCO recommendations have been incorporated.

Clinical Information Included in this Document

Dupixent Subcutaneous Injection

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section

Revision Notes

- Updated to include DUR Board Recommendations
 - Updated question 3 to have a lookback of 365 days, page 3
 - Added renewal criteria, page 3
 - Updated logic diagram, page 4
 - Added logic diagram, page 4
 - Updated Table 3a to include high and very high potency corticosteroids, pages 5-6

**Dupixent (dupilumab)****Drugs Requiring Prior Authorization**

Drugs Requiring Prior Authorization	
Label Name	GCN
DUPIXENT 300 MG/2ML SAFE SYRG	43222



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Clinical Criteria Logic

Initial Requests:

1. Is the client greater than or equal to (\geq) 18 years of age?
☐ Yes (Go to #2)
☐ No (Deny)
2. Does the client have a diagnosis of moderate to severe atopic dermatitis in the last 365 days that involves greater than or equal to (\geq) 10% of the client's body surface area? [Manual step]
☐ Yes (Go to #3)
☐ No (Deny)
3. Does the client have a claim for a **topical corticosteroid and a topical calcineurin inhibitor** listed in Table 3 in the last 365 days?
☐ Yes (Approve – 365 days)
☐ No (Deny)

Renewal Requests:

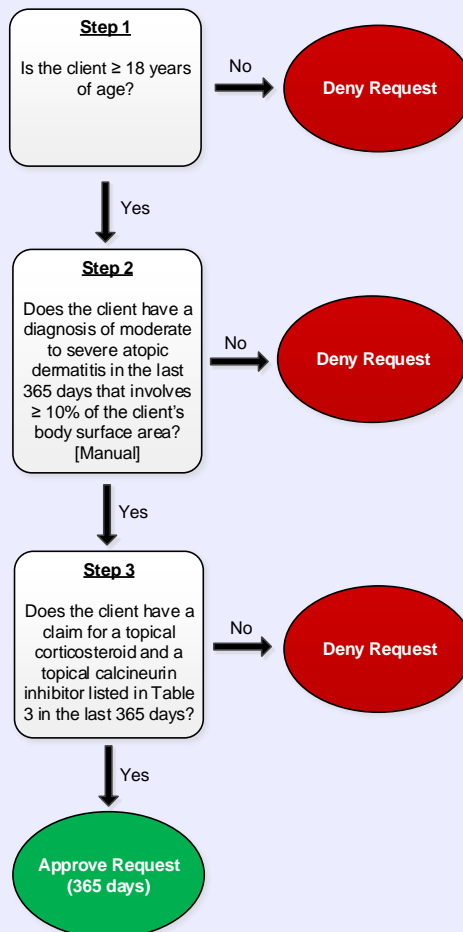
1. Does the client have a diagnosis of atopic dermatitis in the last 365 days?
☐ Yes (Go to #2)
☐ No (Deny)
2. Does the client continue to show improvement? [Manual step]
☐ Yes (Approve – 365 days)
☐ No (Deny)



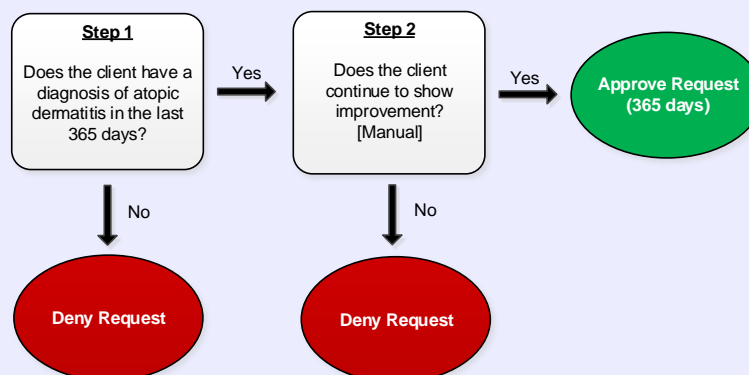
Dupixent (dupilumab)

Clinical Criteria Logic Diagram

Initial Requests:



Refill Requests:





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Clinical Criteria Supporting Tables

Step 3a (claim for a topical corticosteroid) Required claims: 1 Look back timeframe: 365 days	
Label Name	GCN
AMCINONIDE 0.1% CREAM	31490
AMCINONIDE 0.1% LOTION	31560
AMCINONIDE 0.1% OINTMENT	31500
APEXICON 0.05% OINTMENT	31480
APEXICON E 0.05% CREAM	67730
BETAMETHASONE DP 0.05% CRM	31060
BETAMETHASONE DP 0.05% LOT	31080
BETAMETHASONE DP 0.05% OINT	31070
BETAMETHASONE DP AUG 0.05% CRM	31890
BETAMETHASONE DP AUG 0.05% GEL	32091
BETAMETHASONE DP AUG 0.05% LOT	30980
BETAMETHASONE DP AUG 0.05% OIN	31910
BETAMETHASONE VA 0.1% CREAM	31101
BETAMETHASONE VA 0.1% LOTION	31120
BETAMETHASONE VALER 0.1% OINTM	31110
BETA-VAL 0.1% LOTION	31120
CLOBETASOL 0.05% CREAM	32140
CLOBETASOL 0.05% GEL	15892
CLOBETASOL 0.05% OINTMENT	32130
CLOBETASOL 0.05% SOLUTION	15891
CLOBETASOL EMOLLIENT 0.05% CRM	34141
CLOBETASOL PROP 0.05% FOAM	89743
CLOBEX 0.05% SPRAY	25909
CLOBEX 0.05% TOPICAL LOTION	34040
CORMAX 0.05% SOLUTION	15891
DESOXIMETASONE 0.05% CREAM	31180
DESOXIMETASONE 0.05% GEL	06120
DESOXIMETASONE 0.25% CREAM	31181
DESOXIMETASONE 0.25% OINTMENT	30800

Step 3a (claim for a topical corticosteroid) Required claims: 1 Look back timeframe: 365 days	
Label Name	GCN
DIFLORASONE 0.05% CREAM	31470
DIFLORASONE 0.05% OINTMENT	31480
DIPROLENE 0.05% LOTION	30980
DIPROLENE 0.05% OINTMENT	31910
DIPROLENE AF 0.05% CREAM	31890
FLUOCINONIDE 0.05% CREAM	31390
FLUOCINONIDE 0.05% GEL	31380
FLUOCINONIDE 0.05% OINTMENT	31400
FLUOCINONIDE 0.05% SOLUTION	31401
FLUOCINONIDE-E 0.05% CREAM	54650
FLUOCINONIDE-EMOL 0.05% CREAM	54650
HALOBETASOL PROP 0.05% CREAM	31251
HALOBETASOL PROP 0.05% OINTMENT	31211
HALOG 0.1% CREAM	31441
HALOG 0.1% OINTMENT	31451
OLUX 0.05% FOAM	89743
OLUX-E 0.05% FOAM	97649
SERNIVO 0.05% SPRAY	40655
TEMOVATE 0.05% CREAM	32140
TEMOVATE 0.05% OINTMENT	32130
TOPICORT 0.05% GEL	06120
TOPICORT 0.25% CREAM	31181
TOPICORT 0.25% OINTMENT	30800
TOPICORT LP 0.05% CREAM	31180
TRIAMCINOLONE 0.025% CREAM	31231
TRIAMCINOLONE 0.025% LOTION	31260
TRIAMCINOLONE 0.025% OINT	31241
TRIAMCINOLONE 0.1% CREAM	31232
TRIAMCINOLONE 0.1% LOTION	31261
TRIAMCINOLONE 0.1% OINTMENT	31242
TRIAMCINOLONE 0.5% CREAM	31233
TRIAMCINOLONE 0.5% OINTMENT	31244
TRIANEX 0.05% OINTMENT	31243
ULTRAVATE 0.05% CREAM	31251
VANOS 0.1% CREAM	24306

Step 3b (claim for a topical calcineurin inhibitor) Required claims: 1 Look back timeframe: 365 days	
Label Name	GCN
ELIDEL 1% CREAM	15348
PROTOPIC 0.03% OINTMENT	12289
PROTOPIC 0.1% OINTMENT	12302
TACROLIMUS 0.03% OINTMENT	12289
TACROLIMUS 0.1% OINTMENT	12302



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Clinical Criteria References

1. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at www.icd9data.com. Accessed on July 28, 2017.
2. 2017 ICD-10-CM Diagnosis Codes. 2017. Available at www.icd10data.com. Accessed on July 28, 2017.
3. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2017. Available at www.clinicalpharmacology.com. Accessed on July 28, 2017.
4. Micromedex [online database]. 2017. Available at www.micromedexsolutions.com. Accessed on July 28, 2017.
5. Dupixent Prescribing Information. Tarrytown, NY. Regeneron Pharmaceuticals, Inc. March 2017.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/28/2017	Initial publication and presentation to the DUR Board
08/21/2017	Updated with DUR Board Recommendations <ul style="list-style-type: none">• Updated question 3 to have a lookback of 365 days, page 3• Added renewal criteria, page 3• Updated logic diagram, page 4• Added logic diagram, page 4• Updated Table 3a to include only high and very high potency corticosteroids, pages 5-6