



## Prior Authorization Criteria

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### **DUPIXENT® (dupilumab) PA Criteria FOR BULLOUS PEMPHIGOID:**

DUPIXENT® (dupilumab) is an interleukin-4 receptor alpha antagonist indicated for the treatment of adult patients with bullous pemphigoid (BP).

Prior authorization is required for DUPIXENT® (dupilumab) for BP. Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

#### **Initial Authorization: 6 Months**

1. Age of patient is within the age range as recommended by the FDA label; **AND**
2. Diagnosis of bullous pemphigoid confirmed by skin biopsy or serologic study; **AND**
3. Treatment failure following the use of two standard therapies, each with a distinct mechanism of action, administered at appropriate therapeutic doses for at least one month per agent (e.g., oral corticosteroids, very high-potency topical corticosteroids, tetracycline antibiotics (e.g., doxycycline, minocycline), azathioprine, methotrexate), unless contraindications or intolerances are documented; **AND**
  - a. Treatment failure may be defined as continued development of nontransient lesions, continued extension of existing lesions, failure of existing lesions to begin to heal, or continued pruritis despite an adequate course of treatment.
4. Prescribed by or in consultation with a dermatologist; **AND**
5. Dupixent will be used in combination with a tapering course of oral corticosteroids (unless contraindicated) until disease control has occurred; **AND**
6. Patient is not receiving DUPIXENT® in combination with another biologic medication [e.g., Xolair (omalizumab), Rituxan (rituximab)]; **AND**
7. Prescribed dose does not exceed an initial dose of 600 mg, followed by 300 mg every other week.

MISSISSIPPI DIVISION OF  
**MEDICAID****Reauthorization: 12 Months**

1. Positive clinical response to DUPIXENT® therapy (e.g., reduction in blister formation and pruritus, increased rate of healing for existing lesions); **AND**
2. Patient is not receiving DUPIXENT® in combination with another biologic medication [e.g., Xolair (omalizumab), Rituxan (rituximab)]; **AND**
3. Prescribed dose does not exceed 300 mg every other week.

**DUPIXENT® (dupilumab) Dosing for Bullous Pemphigoid:**

- The recommended dosage for adult patients is an initial dose of 600 mg (two 300 mg injections), followed by 300 mg given every other week. Use Dupixent in combination with a tapering course of oral corticosteroids.

**Formulation:**

- DUPIXENT® is available as:
  - Single-Dose Pre-Filled Syringe with Needle Shield
    - 300 mg/2 mL injection
    - 200 mg/1.14 mL injection
  - Single-Dose Pre-Filled Pen
    - 300 mg/2 mL injection
    - 200 mg/1.14 mL injection