



Prior Authorization Criteria

DUPIXENT® (dupilumab) PA Criteria FOR ALLERGIC FUNGAL RHINOSINUSITIS:

DUPIXENT® (dupilumab) is an interleukin-4 receptor alpha antagonist indicated for the treatment of adult and pediatric patients aged 6 years and older with allergic fungal rhinosinusitis (AFRS) who have a history of sino-nasal surgery.

Prior authorization is required for DUPIXENT® (dupilumab) for allergic fungal rhinosinusitis. 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. The patient is six years of age or older; **AND**
2. The patient has a diagnosis of allergic fungal rhinosinusitis (AFRS); **AND**
3. The patient has a documented history of sinonasal surgery related to AFRS (e.g., functional endoscopic sinus surgery); **AND**
4. The medication is prescribed by, or in consultation with, an otolaryngologist (ENT), allergist, or immunologist; **AND**
5. Patient has had an inadequate response, intolerance, or contraindication to standard therapy, which may include one or more of the following (unless contraindicated): intranasal corticosteroids, systemic corticosteroids, antifungal therapy (if clinically appropriate), or saline irrigations; **AND**
6. The prescribed dose does not exceed 300 mg every other week.

Re-Authorization: 12 Months

1. The patient continues to meet initial authorization criteria; **AND**
2. The prescribed dose does not exceed 300 mg every other week; **AND**
3. The patient had a positive clinical response to therapy, such as improvement in sinonasal symptoms (e.g., nasal obstruction, congestion, discharge, facial pressure/pain); reduction in inflammatory disease burden or nasal polyposis on endoscopy or imaging; decreased need for systemic corticosteroids; or improvement in disease control or quality of life measures.

DUPIXENT Dosing: Please refer to the product labeling for dosing information.

Formulation: DUPIXENT® is available as:

- Single-Dose Pre-Filled Syringe with Needle Shield: 300 mg/2 mL or 200 mg/1.14 mL injection
- Single-Dose Pre-Filled Pen: 300 mg/2 mL injection or 200 mg/1.14 mL injection