



PRIOR AUTHORIZATION POLICY

POLICY: Immunologicals – Dupixent Prior Authorization Policy

- Dupixent® (dupilumab subcutaneous injection – Regeneron/sanofi-aventis)

REVIEW DATE: 03/16/2022; selected revisions 06/01/2022, 06/15/2022, and 10/19/2022

OVERVIEW

Dupixent, an interleukin-4 receptor alpha antagonist, is indicated for the following uses:¹

- **Asthma**, as an add-on maintenance treatment in patients ≥ 6 years of age with moderate-to-severe disease with an eosinophilic phenotype or with oral corticosteroid-dependent asthma.
Limitation of Use: Dupixent is not indicated for the relief of acute bronchospasm or status asthmaticus.
- **Atopic dermatitis**, for the treatment of patients ≥ 6 months of age with moderate-to-severe disease not adequately controlled with topical prescription therapies or when those therapies are not advisable.
- **Chronic rhinosinusitis with nasal polyposis (CRSwNP)** [i.e., nasal polyps], as an add-on maintenance treatment in adults with inadequately controlled disease.
- **Eosinophilic esophagitis**, in patients ≥ 12 years of age who weigh ≥ 40 kg.
- **Prurigo nodularis**, in patients ≥ 18 years of age.

Clinical Efficacy

Timing of efficacy assessments varied by indication across the numerous pivotal studies in which Dupixent demonstrated benefit. In the asthma trials, efficacy with Dupixent was assessed as early as 24 weeks.^{2,3} In atopic dermatitis, the majority of studies evaluated the efficacy of Dupixent at 16 weeks.^{1,4,5,27,28} The pivotal studies involving patients with CRSwNP evaluated the primary efficacy endpoints following 24 weeks of treatment. Patients continued treatment with intranasal corticosteroids throughout the studies.^{1,6-8}

In Dupixent's eosinophilic esophagitis pivotal study, patients were required to have disease confirmed by baseline endoscopic biopsies with a demonstration of eosinophilic infiltration on central reading (peak cell count ≥ 15 eosinophils per high-powered field) that was unresponsive to an 8 week course of treatment with a high-dose proton pump inhibitor.^{25,26} In total, 74.1% of patients had also previously received swallowed topical corticosteroids to treat their eosinophilic esophagitis. Patients with other causes of eosinophilic esophagitis, such as hypereosinophilic syndrome and eosinophilic granulomatosis with polyangiitis, were excluded from the study. In the first portion of this study, efficacy, as measured by objective assessments (e.g., intraepithelial eosinophil count) and subjective assessments (e.g., dysphagia symptoms) was evaluated after 24 weeks (6 months) of Dupixent therapy.

Two pivotal studies, PRIME and PRIME2, evaluated Dupixent's efficacy in the treatment of prurigo nodularis.^{29,30} To enroll, patients were required to have ≥ 20 identifiable nodular lesions in total on both legs, and/or both arms, and/or trunk and to have failed a 2-week trial of a topical corticosteroid. Patients with prurigo nodularis secondary to medications or a medical condition such as neuropathy or psychiatric disease were excluded from the studies. The primary endpoint was evaluated at Week 24 in PRIME and initially at Week 12 and again at Week 24 in PRIME2.

Guidelines

Asthma Guidelines

The Global Initiative for Asthma Global Strategy for Asthma Management and Prevention (2022) proposes a stepwise approach to asthma treatment.⁹ The majority of patients can be managed with an inhaled corticosteroid (ICS) with or without a long-acting beta₂-agonist and/or an additional controller. Dupixent is listed as an option for add-on therapy in patients ≥ 6 years of age with severe eosinophilic/Type 2 asthma or for patients ≥ 12 years of age who require treatment with a maintenance oral corticosteroid. Higher blood eosinophil levels and higher fractional concentration of exhaled nitric oxide may predict a good asthma response to Dupixent.

According to the European Respiratory Society/American Thoracic Society guidelines (2014; updated in 2020), severe asthma is defined as asthma which requires treatment with a high-dose ICS in addition to a second controller medication (and/or systemic corticosteroids) to prevent it from becoming uncontrolled, or asthma which remains uncontrolled despite this therapy.^{10,11} Uncontrolled asthma is defined as asthma that worsens upon tapering of high-dose ICS or systemic corticosteroids or asthma that meets one of the following four criteria:

- 1) Poor symptom control: Asthma Control Questionnaire consistently ≥ 1.5 or Asthma Control Test < 20 ; OR
- 2) Frequent severe exacerbations: two or more bursts of systemic corticosteroids in the previous year; OR
- 3) Serious exacerbations: at least one hospitalization, intensive care unit stay, or mechanical ventilation in the previous year; OR
- 4) Airflow limitation: $FEV_1 < 80\%$ predicted after appropriate bronchodilator withholding.

Atopic Dermatitis Guidelines

European consensus guidelines for the treatment of atopic dermatitis (2018) recommend Dupixent as a disease-modifying drug for patients with moderate-to-severe atopic dermatitis, in whom topical treatment does not produce a sufficient response and other systemic treatment is not advisable.¹² These guidelines note that daily emollients should be used with Dupixent and it may be combined with other topical anti-inflammatory medications as needed. US guidelines do not address Dupixent.¹³⁻¹⁵ However, they reinforce that most patients with atopic dermatitis can achieve disease control with non-pharmacologic interventions (e.g., emollients), standard topical anti-inflammatory therapies (e.g., topical corticosteroids, topical calcineurin inhibitors), and elimination of exacerbating factors.

Eosinophilic Esophagitis Guidelines

Guidelines for the management of eosinophilic esophagitis from the American Gastroenterological Association and the Joint Task Force on Allergy-Immunology Practice Parameters (2020) have not been updated since the FDA approval of Dupixent for this indication.²⁴ In patients with symptomatic disease, use of a proton pump inhibitor is recommended over no treatment, as is treatment with topical corticosteroids. Guidelines recommend diet modifications, such as an elemental diet (amino-acid based formulas) or an elimination diet, over no treatment. However, it is noted that patients who put a higher value on avoiding the challenges of adherence to these diets and the prolonged process of dietary reintroduction may reasonably decline this treatment option.

Nasal Polyp Guidelines

A 2014 Practice Parameter on the Diagnosis and Management of Rhinosinusitis, a 2020 Practice Parameter for the Management of Rhinitis from the Joint Task Force for Practice Parameters (JTFPP), and a 2015 Clinical Practice Guideline update on Adult Sinusitis from the American Academy of Otolaryngology (AAO) make similar recommendations regarding the diagnosis and management of CRSwNP.¹⁶⁻²⁰ The presence of two or more signs and symptoms of chronic rhinosinusitis (e.g., rhinorrhea, postnasal drainage, anosmia, nasal congestion, facial pain, headache, fever, cough, and purulent discharge) that persist for an extended period of time makes the diagnosis chronic rhinosinusitis likely. However, this requires confirmation of sinonasal inflammation, which can either be done via direct visualization or computed tomography (CT) scan. Nasal corticosteroids are recommended for the management of CRSwNP, as they decrease nasal polyp size, prevent regrowth of nasal polyps following surgical removal, and improve nasal symptoms. Short courses of oral corticosteroids are also recommended. Endoscopic surgical intervention may be considered as an adjunct to medical therapy in patients with chronic rhinosinusitis that is not responsive or is poorly responsive to medical therapy. Dupixent is listed as a treatment option in the JTFPP practice parameter, but with no specific recommendations for use. The AAO guidelines do not address Dupixent.

The European Forum for Research and Education in Allergy expert board on uncontrolled severe CRSwNP and biologics (2021) recommends that these agents, including Dupixent, only be used for severe uncontrolled CRSwNP when Type 2 inflammation is present.²¹ Severe CRSwNP is defined as bilateral CRSwNP with a nasal polyp score ≥ 4 and persistent symptoms (e.g., loss of smell/taste, nasal obstruction, secretion or postnasal drip, facial pain or pressure) with the need for add-on treatment to supplement intranasal corticosteroids. Severe CRSwNP is considered to be uncontrolled if the patient has received continuous treatment with an intranasal corticosteroid and has needed at least one course of systemic corticosteroids in the previous 2 years (or has a medical contraindication or intolerance) and/or has a previous sinonasal surgery.

Prurigo Nodularis Guidelines

A United States Expert Panel Consensus provides a practical approach for the diagnosis and management of prurigo nodularis (2021).³¹ The primary findings in patients with prurigo nodularis are the presence of firm, nodular lesions; pruritus lasting at least 6 weeks; and history or signs, or both, of repeated scratching, picking, or rubbing. Goals of treatment are to reduce pruritus, interrupt the itch-scratch cycle, and completely heal prurigo nodularis lesions.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Dupixent. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Dupixent as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Dupixent to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Dupixent is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Asthma.** Approve for the duration noted if the patient meets one of the following conditions (A or B):
 - A) **Initial Therapy.** Approve for 6 months if the patient meets the following criteria (i, ii, iii, iv, and v):
 - i. Patient is ≥ 6 years of age; AND
 - ii. Patient meets ONE of the following criteria (a or b):
 - a) Patient has a blood eosinophil level ≥ 150 cells per microliter within the previous 6 weeks or within 6 weeks prior to treatment with Dupixent or another monoclonal antibody therapy that may lower blood eosinophil levels; OR
Note: Examples of monoclonal antibody therapies that may lower blood eosinophil levels include Dupixent, Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous injection), Fasentra (benralizumab subcutaneous injection), Nucala (mepolizumab subcutaneous injection), Tezspire (tezepelumab subcutaneous injection), and Xolair (omalizumab subcutaneous injection).
 - b) Patient has oral (systemic) corticosteroid-dependent asthma according to the prescriber (e.g., the patient has received ≥ 5 mg oral prednisone or equivalent per day for ≥ 6 months); AND
 - iii. Patient has received at least 3 consecutive months of combination therapy with BOTH of the following (a and b):
 - a) An inhaled corticosteroid; AND
 - b) At least one additional asthma controller or asthma maintenance medication; AND
Note: Examples of additional asthma controller or asthma maintenance medications are inhaled long-acting beta₂-agonists, inhaled long-acting muscarinic antagonists, leukotriene receptor antagonists, and monoclonal antibody therapies for asthma (e.g., Cinqair, Fasentra, Nucala, Tezspire, and Xolair). Use of a combination inhaler containing both an inhaled corticosteroid and additional asthma controller/maintenance medication(s) would fulfil the requirement for both criteria a and b.
 - iv. Patient has asthma that is uncontrolled or was uncontrolled at baseline as defined by ONE of the following (a, b, c, d, or e):
Note: “Baseline” is defined as prior to receiving Dupixent or another monoclonal antibody therapy for asthma. Examples of monoclonal antibody therapies for asthma include Dupixent, Cinqair, Fasentra, Nucala, Tezspire, and Xolair.
 - a) Patient experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; OR
 - b) Patient experienced one or more asthma exacerbation(s) requiring a hospitalization, an emergency department visit, or an urgent care visit in the previous year; OR
 - c) Patient has a forced expiratory volume in 1 second (FEV₁) $< 80\%$ predicted; OR
 - d) Patient has an FEV₁/forced vital capacity (FVC) < 0.80 ; OR
 - e) Patient has asthma that worsens upon tapering of oral (systemic) corticosteroid therapy; AND
 - v. The medication is prescribed by or in consultation with an allergist, immunologist, or pulmonologist.
 - B) **Patient is Currently Receiving Dupixent.** Approve for 1 year if the patient meets the following criteria (i, ii, and iii):
 - i. Patient has already received at least 6 months of therapy with Dupixent; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with Dupixent should be considered under criterion 1A (Asthma, Initial Therapy).
 - ii. Patient continues to receive therapy with one inhaled corticosteroid or one inhaled corticosteroid-containing combination inhaler; AND
 - iii. Patient has responded to therapy as determined by the prescriber.

Note: Examples of a response to Dupixent therapy are decreased asthma exacerbations; decreased asthma symptoms; decreased hospitalizations, emergency department visits, or urgent care visits due to asthma; decreased requirement for oral corticosteroid therapy.

2. Atopic Dermatitis. Approve for the duration noted if the patient meets one of the following conditions (A or B):

- A) Initial Therapy.** Approve for 4 months if the patient meets the following criteria (i, ii, iii, and iv):
- i.** Patient is \geq 6 months of age; AND
 - ii.** Patient has atopic dermatitis involvement estimated to be \geq 10% of the body surface area according to the prescriber; AND
 - iii.** Patient meets ALL of the following criteria (a, b, and c):
 - a)** Patient has tried at least one medium-, medium-high, high-, and/or super-high-potency prescription topical corticosteroid; AND
 - b)** This topical corticosteroid was applied daily for at least 28 consecutive days; AND
 - c)** Inadequate efficacy was demonstrated with this topical corticosteroid therapy, according to the prescriber; AND
 - iv.** The medication is prescribed by or in consultation with an allergist, immunologist, or dermatologist.
- B) Patient is Currently Receiving Dupixent.** Approve for 1 year if the patient meets the following criteria (i and ii):
- i.** Patient has already received at least 4 months of therapy with Dupixent; AND
Note: A patient who has received < 4 months of therapy or who is restarting therapy with Dupixent should be considered under criterion 2A (Atopic Dermatitis, Initial Therapy).
 - ii.** Patient has responded to therapy as determined by the prescriber.
Note: Examples of a response to Dupixent therapy are marked improvements in erythema, induration/papulation/edema, excoriations, and lichenification; reduced pruritus; decreased requirement for other topical or systemic therapies; reduced body surface area affected with atopic dermatitis; or other responses observed.

3. Eosinophilic Esophagitis. Approve for the duration noted if the patient meets one of the following conditions (A or B):

- A) Initial Therapy.** Approve for 6 months if the patient meets the following criteria (i, ii, iii, iv, v, vi and vii):
- i.** Patient is \geq 12 years of age; AND
 - ii.** Patient weighs \geq 40 kg; AND
 - iii.** Patient has a diagnosis of eosinophilic esophagitis as confirmed by an endoscopic biopsy demonstrating \geq 15 intraepithelial eosinophils per high-power field; AND
 - iv.** Patient does not have a secondary cause of eosinophilic esophagitis; AND
Note: Examples of secondary causes of eosinophilic esophagitis are hypereosinophilic syndrome, eosinophilic granulomatosis with polyangiitis, and food allergy.
 - v.** Patient has received at least 8 weeks of therapy with a proton pump inhibitor; AND
 - vi.** Patient meets ONE of the following (a or b):
 - a)** Patient has tried dietary modifications to treat/manage eosinophilic esophagitis; OR
 - b)** The provider has determined that the patient is not an appropriate candidate for dietary modifications; AND
Note: Examples of dietary modifications to treat eosinophilic esophagitis include an elemental diet or an elimination diet.
 - vii.** The medication is prescribed by or in consultation with an allergist or gastroenterologist.
- B) Patient is Currently Receiving Dupixent.** Approve for 1 year if the patient meets the following criteria (i and ii):

- 5. Prurigo Nodularis.** Approve for the duration noted if the patient meets one of the following conditions (A or B):
- A) Initial Therapy.** Approve for 6 months if the patient meets the following criteria (i, ii, iii, iv, v, and vi):
- i.** Patient is ≥ 18 years of age; AND
 - ii.** Patient has ≥ 20 identifiable nodular lesions in total on both arms, and/or both legs, and/or trunk; AND
 - iii.** Patient has experienced pruritus for ≥ 6 weeks; AND
 - iv.** Patient meets ONE of the following (a or b):
 - a)** Patient's prurigo nodularis is NOT medication-induced or secondary to a non-dermatologic condition such as neuropathy or a psychiatric disease; OR
 - b)** The patient has a secondary cause of prurigo nodularis that has been identified and adequately managed, according to the prescriber; AND
 - v.** Patient meets ALL of the following criteria (a, b, and c):
 - a)** Patient has tried at least one high- or super-high-potency prescription topical corticosteroid; AND
 - b)** This topical corticosteroid was applied daily for at least 14 consecutive days; AND
 - c)** Inadequate efficacy was demonstrated with this topical corticosteroid therapy, according to the prescriber; AND
 - vi.** The medication is prescribed by or in consultation with an allergist, immunologist, or dermatologist.
- B) Patient is Currently Receiving Dupixent.** Approve for 1 year if the patient meets the following criteria (i and ii):
- i.** Patient has already received at least 6 months of therapy with Dupixent; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with Dupixent should be considered under criterion 5A (Prurigo Nodularis, Initial Therapy).
 - ii.** Patient has experienced a beneficial clinical response, defined by ONE of the following (a, b, or c):
 - a)** Reduced nodular lesion count; OR
 - b)** Decreased pruritus; OR
 - c)** Reduced nodular lesion size.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Dupixent is not recommended in the following situations:

- 1. Concurrent use with another Monoclonal Antibody Therapy.** The efficacy and safety of Dupixent in combination with other monoclonal antibody therapies (e.g., Adbry, Cinqair, Fasenna, Nucala, Tezspire, Xolair) have not been established.
- 2.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Dupixent[®] subcutaneous injection [prescribing information]. Tarrytown, NY: Regeneron/sanofi-aventis; June 2022.
 2. Castro M, Corren J, Pavord ID, et al. Dupilumab efficacy and safety in moderate-to-severe uncontrolled asthma. *N Engl J Med.* 2018;378(26):2486-2496.
 3. Wenzel S, Castro M, Corren J, et al. Dupilumab efficacy and safety in adults with uncontrolled persistent asthma despite use of medium-to-high-dose inhaled corticosteroids plus a long-acting β_2 agonist: a randomised double-blind placebo-controlled pivotal phase 2b dose-ranging trial. *Lancet.* 2016;388(10039):31-44.
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4. Simpson EL, Bieber T, Guttman-Yassky E, et al. Two phase 3 trials of dupilumab versus placebo in atopic dermatitis. *N Engl J Med*. 2016;375(24):2335-2348.
 5. Blauvelt A, de Bruin-Weller M, Gooderham M, et al. Long-term management of moderate-to-severe atopic dermatitis with dupilumab and concomitant topical corticosteroids (LIBERTY AD CHRONOS): a 1-year, randomised, double-blinded, placebo-controlled, phase 3 trial. *Lancet*. 2017;389:2287-2303.
 6. Bachert C, Han JK, Desrosiers M, et al. Efficacy and safety of dupilumab in patients with severe chronic rhinosinusitis with nasal polyps (LIBERTY NP SINUS-24 and LIBERTY NP SINUS-52): results from two multicenter, randomized, double-blind, placebo-controlled, parallel-group phase3 trials. *Lancet*. 2019;394(10209):1638-1650.
 7. Bachert C, Mannent L, Naclerio RM, et al. Effect of subcutaneous dupilumab on nasal polyp burden in patients with chronic sinusitis and nasal polyposis: a randomized clinical trial. *JAMA*. 2016;315(5):469-479.
 8. Jonstam K, Swanson BN, Mannent L, et al. Dupilumab reduces local type 2 pro-inflammatory biomarkers in chronic rhinosinusitis with nasal polyposis. *Allergy*. 2019;74(4):743-752.
 9. Global Initiative for Asthma. Global strategy for asthma management and prevention. Updated 2022. Available at: <http://www.ginasthma.org>. Accessed on September 20, 2022.
 10. Chung KF, Wenzel SE, Brozek JL, et al. International ERS/ATS guidelines on definition, evaluation and treatment of severe asthma. *Eur Respir J*. 2014;43:343-373.
 11. Holguin F, Cardet JC, Chung KF, et al. Management of severe asthma: a European Respiratory Society/American Thoracic Society Guideline. *Eur Respir J*. 2020;55:1900588.
 12. Wollenberg A, Barbarot S, Bieber T, et al. Consensus-based European guidelines for the treatment of atopic eczema (atopic dermatitis) in adults and children: part II. *J Eur Acad Dermatol Venereol*. 2018;32(6):850-878.
 13. Schneider L, Tilles S, Lio P, et al. Atopic dermatitis: a practice parameter update 2012. *J Allergy Clin Immunol*. 2013;131:295-299.
 14. Sidbury R, et al. Guidelines of care for the management of atopic dermatitis Section 3. Management and treatment with phototherapy and systemic agents. *J Am Acad Dermatol*. 2014;71(2): 327-349.
 15. Eichenfield LF, Tom WL, Berger TG, et al. Guidelines of care for the management of atopic dermatitis. Section 2: management and treatment of atopic dermatitis with topical therapies. *J Am Acad Dermatol*. 2014;71(1):116-132.
 16. Peters AT, Spector S, Hsu J, et al. Diagnosis and management of rhinosinusitis: a practice parameter update. *Ann Allergy Asthma Immunol*. 2014:347-385.
 17. Joint Task Force on Practice Parameters: American Academy of Allergy, Asthma and Immunology; the American College of Allergy, Asthma and Immunology; and the Joint Council of Allergy, Asthma and Immunology. The diagnosis and management of rhinitis: An updated practice parameter. *J Allergy Clin Immunol*. 2008;122(2):S1-S84.
 18. Dykewicz MS, Wallace DV, Baroody F, et al. Treatment of seasonal allergic rhinitis: an evidenced-based focused 2017 guideline update. *Ann Allergy Asthma Immunol*. 2017;119(6):489-511.
 19. Rosenfeld RM, Piccirillo JF, Chandrasekhar SS, et al. Clinical practice guideline (update): adult sinusitis. *Otolaryngol Head Neck Surg*. 2015;152(2S):S1-S39.
 20. Joint Task Force on Practice Parameters: American Academy of Allergy, Asthma and Immunology and the American College of Allergy, Asthma and Immunology. Rhinitis 2020: a practice parameter update. *J Allergy Clin Immunol*. 2020;146:721-767.
 21. Bachert C, Han JK, Wagenmann, et al. EUFOREA expert board meeting on uncontrolled severe chronic rhinosinusitis with nasal polyps (CRSwNP) and biologics: definitions and management. *J Allergy Clin Immunol*. 2021;147(1):29-36.
 22. Hirano I, Dellon ES, Hamilton JD, et al. Efficacy of dupilumab in a phase 2 randomized trial of adults with active eosinophilic esophagitis. *Gastroenterology*. 2020;158(1):111-122.
 23. US National Institutes of Health. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2022 Feb 4]. Available from: <https://www.clinicaltrials.gov/ct2/results?term=dupilumab&Search=Search>. Search term: dupilumab.
 24. Hirano I, Chan ES, Rank MA, et al. AGA Institute and Joint Task Force on Allergy-Immunology Practice Parameters Clinical Guidelines for the Management of Eosinophilic Esophagitis. *Gastroenterology*. 2020;158(6):1776-1786.
 25. Rothenberg ME, Dellon ES, Bredenoord AJ, et al. Dupilumab improves clinical and histologic aspects of disease in adult and adolescent patients with eosinophilic esophagitis at week 24: results from Part B of the 3-part LIBERTY EoE TREET study [presentation]. Presented at: the American Academy of Allergy, Asthma, & Immunology Annual Meeting; Phoenix, AZ; February 25-28, 2022.
 26. Dellon ES, Rothenberg ME, Collins MH, et al. The efficacy and safety of dupilumab in adult and adolescent patients with eosinophilic esophagitis: results from part A of a randomized, placebo-controlled three-part, phase 3 study [poster]. Presented at: the 34th annual Eastern Allergy Conference; Palm Beach, FL; June 3-6, 2021.
 27. Paller AS, Simpson EL, Siegfried EC, et al. Efficacy and safety of dupilumab in children aged ≥ 6 months to < 6 years with moderate-to-severe atopic dermatitis [oral presentation 1539]. Presented at: Revolutionizing Atopic Dermatitis Conference; Baltimore, MD; April 9-11, 2022.
 28. Paller AS, Siegfried EC, Simpson EL, et al. A phase 2, open-label study of single-dose dupilumab in children aged 6 months to < 6 years with severe uncontrolled atopic dermatitis: pharmacokinetics, safety and efficacy. *J Eur Acad Dermatol Venereol*. 2021;35(2):464-475.
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29. Yosipovich G, Mollanazar N, Stander S, et al. Dupilumab significantly improves itch and skin lesions in patients with prurigo nodularis: results from a 2nd Phase III trial (LIBERTY-PN PRIME) [presentation]. Presented at: the European Academy of Dermatology and Venereology; Milan, Italy; September 7-10, 2022.
30. Yosipovich G, Mollanazar N, Stander S, et al. Dupilumab significantly improves itch and skin lesions in patients with prurigo nodularis: results from a Phase III trial (LIBERTY-PN PRIME 2) [presentation]. Presented at: the 2022 Annual Meeting of the American Academy of Dermatology; Boston, MA; March 25-29, 2022.
31. Elmariah S, Kim B, Berger T, et al. Practical approaches for diagnosis and management of prurigo nodularis: United States expert panel consensus. *J Am Acad Dermatol.* 2021;84(3):747-760.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	02/17/2021
Selected Revision	Nasal Polyps: Updated approval indication from “Chronic Rhinosinusitis with Nasal Polyposis” to “Nasal Polyps”. Added new criteria requiring the patient to have chronic rhinosinusitis with nasal polyposis as evidenced by direct examination, endoscopy, or sinus computed tomography (CT) scan. Updated symptom criteria to require the patient to have had two of four specific symptoms for at least 6 months. Added a requirement of at least 3 months of nasal corticosteroid therapy (in addition to the criteria requiring the patient currently be receiving a nasal corticosteroid). Clarified the systemic corticosteroid criteria to require that the patient has received at least one course of systemic corticosteroids for at least 5 days in the previous 2 years.	06/23/2021
Selected Revision	Asthma: Updated age approval from ≥ 12 years of age to ≥ 6 years of age.	11/03/2021
Annual Revision	No criteria changes.	03/16/2022
Selected Revision	Asthma: Criteria for a blood eosinophil level ≥ 150 cells per microliter within the previous 6 weeks or within 6 weeks prior to any anti-interleukin therapy or Xolair was changed to prior to any treatment with Dupixent or another monoclonal antibody therapy that may lower blood eosinophil levels. Throughout criteria, updated notes to include examples of monoclonal antibody therapies to include Tezspire™ (tezepelumab subcutaneous injection), Adbry™ (tralokinumab-ldrm subcutaneous injection), and Xolair® (omalizumab subcutaneous injection). Criteria requiring the patient to have experienced one or more asthma exacerbation(s) requiring a hospitalization or an emergency department visit in the previous year, were updated to include an urgent care visit as well. Eosinophilic Esophagitis: New approval criteria for this indication were added. Initial approval criteria include an age requirement, a weight requirement, a confirmation of diagnosis, ruling out secondary causes of eosinophilic esophagitis, a previous trial of a proton pump inhibitor, a previous trial of either dietary modifications or a physician evaluation that dietary modifications are not appropriate, and specialist involvement. Conditions Not Recommended for Approval: Criteria were updated to recommend against use of Dupixent with another monoclonal antibody therapy. Previously, criteria listed anti-interleukin monoclonal antibody therapies and Xolair separately. Eosinophilic esophagitis was removed as a Condition Not Recommended for Approval.	06/01/2022
Selected Revision	Atopic Dermatitis: The age of approval was reduced from ≥ 6 years of age to ≥ 6 months of age. Criteria providing initial approval for patients with $< 10\%$ body surface area involvement were removed.	06/15/2022
Selected Revision	Prurigo Nodularis: New approval criteria for this indication were added. Initial approval criteria include an age requirement, a nodular lesion threshold, a minimum duration of pruritus, a requirement that prurigo nodularis not have a secondary cause or if there is a secondary cause that it be adequately managed, a trial of a topical corticosteroid, and specialist involvement.	10/19/2022