Clinical Oversight Review Board (CORB) Criteria for Prescribing / Criteria-Based Consultation (CBC) Criteria for Coverage

dupilumab (Dupixent)

Non-formulary dupilumab (Dupixent) requires a clinical review. Appropriateness of therapy will be based on the following criteria:

**Atopic Dermatitis**
- Prescriber is a Dermatologist or Allergist -AND-
- Patient is at least 12 years of age -AND-
- Diagnosis of moderate to severe atopic dermatitis (the most common type of eczema that makes your skin red and itchy) -AND-
- History of failure, contraindication, or intolerance to at least one of the following topical therapies:
  - Medium to very-high potency topical corticosteroid -OR-
  - Topical calcineurin inhibitor (e.g., pimecrolimus, tacrolimus)
-AND-
- History of failure, contraindication, or intolerance to narrow-band short wave ultraviolet B (NB-UVB) light -AND-
- History of inadequate response (after at least 1 month of treatment), intolerance, or contraindication to at least 2 of the following systemic therapies: Azathioprine, cyclosporine, methotrexate, mycophenolate
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**Asthma**

- Prescriber is an allergist or pulmonologist -**AND**-
- Patient is at least 12 years of age -**AND**-
- Diagnosis of moderate to severe asthma and either of the following:
  i. Patient uses systemic corticosteroids daily to control asthma; -**OR**-
  ii. Patient has an eosinophilic phenotype related to asthma defined as:
      A peripheral blood eosinophil count of at least 150 cells/microliter in the past 6 weeks OR at least 300 cells/microliter in the past 12 months

-**AND**-
- Patient has uncontrolled asthma defined as any of the following:
  i. Two or more exacerbations in the past 12 months requiring systemic corticosteroids for more than 3 days; -**OR**-
  ii. Serious asthma exacerbations leading to at least one hospitalization in the past 12 months; -**OR**-
  iii. Dependence on daily oral corticosteroids for asthma control

-**AND**-
- Patient has uncontrolled asthma despite adherence to (at least 75% over the past 3 months) a regimen containing high dose inhaled corticosteroid (ICS), **AND** one additional asthma controller medication: a long-acting beta2 agonist (LABA); OR a leukotriene receptor antagonist (LRTI [e.g., montelukast, zafirlukast]); OR a long-acting muscarinic antagonist (e.g., tiotropium)

-**AND**-
- Dupilumab is used in combination with a high dose inhaled corticosteroid (ICS) **AND** one additional asthma controller medication: a long-acting beta2 agonist (LABA); OR a leukotriene receptor antagonist (LRTI [e.g., montelukast, zafirlukast]); OR a long-acting muscarinic antagonist (e.g., tiotropium)

-**AND**-
- Dupilumab will NOT be used in combination with any of the following:
  i. Anti-interleukin-5 therapy (e.g. Nucala [mepolizumab], Cinqair [resilizumab], Fasenra [benralizumab]); -**OR**-
  ii. Anti-IgE therapy (e.g. Xolair [omalizumab])

-**OR**-
Patient is currently on dupilumab therapy **AND** it is being used in combination with an inhaled corticosteroid **AND** asthma controller medication (e.g., LABA, LRTI, or LAMA) **OR** oral steroids for asthma control.

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dupilumab (Dupixent)

Chronic Rhinosinusitis with Nasal Polyposis (CRSwNP)

- Prescriber is an otolaryngologist

-AND-

- Patient is at least 18 years of age

-AND-

- Persistent rhinosinusitis (swelling of the sinuses and nasal cavity) symptoms with severe nasal blockage that includes at least one of the following symptoms for at least 12 weeks:
  
  i. Rhinorrhea (runny nose) OR
  
  ii. Loss of smell

-AND-

- Bilateral nasal polyps; with polyps filling the middle meatuses and obstructing the sinus ostia AND/OR failure of normalization of the mucosa after a full sinus surgery with post-operative treatment.

-AND-

- Patient has received prior treatment with two or more courses of oral corticosteroids (OCS) for the treatment of nasal polyps in the past year (unless unable to take OCS) AND a prior full endoscopic sinus surgery.

-AND-

- Patient has a diagnosis of asthma and either of the following:
  
  i. A blood eosinophil count of at least 300 cells/microliter within the past 12 months OR
  
  ii. Moderate to severe eosinophil-predominant inflammatory infiltrates in surgical tissue.