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:
  i. Medium to very-high potency topical corticosteroid -OR-
  ii. 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.