



Prior authorization checklist

For DUPIXENT® (dupilumab) in patients 6 years and older with uncontrolled moderate-to-severe atopic dermatitis (AD)

A patient's health plan is likely to require a prior authorization (PA) before it approves DUPIXENT for appropriate patients. However you choose to submit a PA request (eg, fax, website, phone, CoverMyMeds®), this checklist can help guide you through the information health plans may need from you.

Please keep in mind that PA requirements are likely to vary, so check with your patient's health plan to ensure you have an accurate list of requirements before you submit.

Tips for handling PA requirements from health plans

- Obtain the appropriate PA form after initiating your patient through one of the following:
 - DUPIXENT MyWay®
 - CoverMyMeds®
 - Insurance provider
 - Specialty pharmacy
- Ensure you document the following in the **most recent** chart notes:
 - Patient's diagnosis, using the appropriate ICD-10-CM code (eg, L20.____)
 - Patient's severity of atopic dermatitis (moderate or severe)
 - IGA score of 3 (moderate disease) or 4 (severe disease), **if required by payer**
 - Patient's **current age and years since diagnosis**
 - Percentage of body surface area affected (<10% or ≥10%)
 - Sensitive areas affected (eg, hands, feet, genitals/groin, scalp, intertriginous areas, other)
 - Disease impact on patient's health (eg, physical or other)
 - Current and prior therapies, documenting the **treatment name, dose, duration, and date** of each therapy,^b such as:
 - Topical corticosteroids
 - Topical calcineurin inhibitors
 - Topical PDE-4 inhibitor
 - Immunosuppressants
 - Phototherapy
 - Other
 - Documentation of all prior therapies and/or if any recommended therapies are considered inappropriate or contraindicated
- Fill out all required patient and provider information on the PA form
- Attach a letter of medical necessity, if required
- Photocopy the front and back of the patient's pharmacy benefit card
- Verify with the health plan to ensure all information and documentation was received and is clear
- Note the payer's reauthorization time frame and requirements
- Sign all necessary forms. Any and all forms may be rejected if a signature is missing

! Please attach chart notes relevant to diagnosis and therapy along with the PA form submission

INDICATION

DUPIXENT is indicated for the treatment of patients aged 6 years and older with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. DUPIXENT can be used with or without topical corticosteroids.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION: DUPIXENT is contraindicated in patients with known hypersensitivity to dupilumab or any of its excipients.

Please see additional Important Safety Information on next page and accompanying full [Prescribing Information](#).

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; IGA=Investigator's Global Assessment.

^aCoverMyMeds is a registered trademark of CoverMyMeds, LLC.

^bNote the payer's reauthorization time frame and requirements.

Incomplete information may lead to a denial for DUPIXENT® (dupilumab)

Below are some of the most common causes for denial. It is important that you double check your documentation when you submit your initial PA request to avoid these common causes for denial.

Common reasons for coverage denials

- Clerical error (ie, missing or incorrect ICD-10-CM code)
- Lack of documentation supporting appropriate diagnosis or other required documentation from most recent chart notes
- Did not include duration on current therapies or names of all therapies that were tried and failed
- Documentation did not support health plan's criteria for approval of DUPIXENT
- Patient was not treated with prior therapies required by plan
- No reason provided for discontinuation of previous therapy/therapies

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hypersensitivity: Hypersensitivity reactions, including generalized urticaria, rash, erythema nodosum, erythema multiforme, anaphylaxis, and serum sickness or serum sickness-like reactions, were reported in <1% of subjects who received DUPIXENT in clinical trials. If a clinically significant hypersensitivity reaction occurs, institute appropriate therapy and discontinue DUPIXENT.

Conjunctivitis and Keratitis: Conjunctivitis and keratitis occurred more frequently in atopic dermatitis subjects who received DUPIXENT. Conjunctivitis was the most frequently reported eye disorder. Most subjects with conjunctivitis or keratitis recovered or were recovering during the treatment period. Advise patients to report new onset or worsening eye symptoms to their healthcare provider.

Risk Associated with Abrupt Reduction of Corticosteroid Dosage: Do not discontinue systemic, topical, or inhaled corticosteroids abruptly upon initiation with DUPIXENT. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Atopic Dermatitis Patients with Comorbid Asthma: Advise patients not to adjust or stop their asthma treatments without consultation with their physicians.

Parasitic (Helminth) Infections: It is unknown if DUPIXENT will influence the immune response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with DUPIXENT. If patients become infected while receiving treatment with DUPIXENT and do not respond to anti-helminth treatment, discontinue treatment with DUPIXENT until the infection resolves.

ADVERSE REACTIONS: The most common adverse reactions (incidence $\geq 1\%$ at Week 16) in adult patients with atopic dermatitis are injection site reactions, conjunctivitis, blepharitis, oral herpes, keratitis, eye pruritus, other herpes simplex virus infection, and dry eye. The safety profile in children and adolescents through Week 16 was similar to that of adults with atopic dermatitis. In an open-label extension study, the long-term safety profile of DUPIXENT in adolescents and children observed through Week 52 was consistent with that seen in adults with atopic dermatitis.

DRUG INTERACTIONS: Avoid use of live vaccines in patients treated with DUPIXENT.

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** A pregnancy exposure registry monitors pregnancy outcomes in women exposed to DUPIXENT during pregnancy. To enroll or obtain information, call 1-877-311-8972 or go to <https://mothertobaby.org/ongoing-study/dupixent/>. Available data from case reports and case series with DUPIXENT use in pregnant women have not identified a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Human IgG antibodies are known to cross the placental barrier; therefore, DUPIXENT may be transmitted from the mother to the developing fetus.
- **Lactation:** There are no data on the presence of DUPIXENT in human milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is known to be present in human milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for DUPIXENT and any potential adverse effects on the breastfed child from DUPIXENT or from the underlying maternal condition.

Please see accompanying full **Prescribing Information**.

For any questions or concerns, or to report side effects with a Sanofi and Regeneron product while enrolled in *DUPIXENT MyWay*®, please contact **1-844-DUPIXENT(T)** (1-844-387-4936) Option 1, Monday-Friday, 8 AM-9 PM Eastern time.

SANOFI GENZYME  **REGENERON**

DUPIXENT® and *DUPIXENT MyWay*® are registered trademarks of Sanofi Biotechnology.
© 2021 Sanofi and Regeneron Pharmaceuticals, Inc. All Rights Reserved. 10/2021 DUP.21.08.0254



DUPIXENT® 
(dupilumab) Injection
200mg · 300mg