

Navigating the DUPIXENT[®] (dupilumab) approval process

Refer to this prior authorization (PA) road map to become familiar with the steps and health plan requirements to help ensure approval of DUPIXENT. **DUPIXENT MyWay[®] can help educate your office on the process for PA and appeals^a**

DUPIXENT is prescribed



Benefits investigation is conducted

- Find that DUPIXENT requires PA
- Uncover the approval or utilization management (UM) criteria the patient must meet prior to receiving DUPIXENT, as required by the health plan



Monitor the PA status post-submission

- Monitor the health plan's decision progression
- Keep a log that documents communication
- Follow up with the health plan, if needed



Submit PA documentation

- Obtain the plan-specific PA form
- Fill out all fields on the PA form to avoid approval delays
- Include all supporting clinical documentation
- Attach a letter of medical necessity (optional at prescriber's discretion)

> **CoverMyMeds[®] can help support ePA and access processes for DUPIXENT**

PA approved



Follow up

- Confirm approval time frame
- Instruct your patient to contact appropriate specialty pharmacy for delivery to their preferred location
- Note the health plan's reauthorization time frame and requirements
- Submit for reauthorization at end of coverage duration

PA denied



Appeal the PA

- It is common for PAs to be denied due to incomplete information. Consider obtaining the reason for denial to determine if additional information needs to be provided to the plan prior to requesting an appeal
- Submit an appeal letter and, if necessary, additional or updated documentation
- Monitor the process and follow up with the payer until a decision is made (Appeals can be successful, but may take more than 1 attempt¹)
- Patients can also advocate for an appeal on their own behalf, and healthcare providers (HCPs) may request a peer-to-peer review with a medical reviewer at a health plan

ePA=electronic prior authorization.

CoverMyMeds is a registered trademark of CoverMyMeds LLC.

^aDUPIXENT MyWay can provide certain limited support. Approval is not guaranteed. Appealing the health plan's denial does not always result in approval of DUPIXENT.

Reference: 1. Private health insurance: data on application and coverage denials. Report to the Secretary of Health and Human Services and the Secretary of Labor. United States Government Accountability Office. Published March 2011. Accessed June 18, 2021. <https://www.gao.gov/assets/320/316699.pdf>

DUPIXENT[®]
(dupilumab) Injection
200mg • 300mg

Need help with the insurance approval process?

Our team provides guidance every step of the way

Your **DUPIXENT MyWay**[®] Coordinator and Field Reimbursement Manager can provide you with assistance any time you need it



Questions about program enrollment status and **DUPIXENT MyWay** patient support? **Call your DUPIXENT MyWay Coordinator at 1-844-DUPIXEN(T) (1-844-387-4936) Option 1**



Need in-office help with access and reimbursement? **Call your Field Reimbursement Manager**

DUPIXENT MyWay representatives will:

- ✓ **Conduct** a benefits investigation
- ✓ **Inform HCP and staff** about documentation a payer may require to be submitted, **follow up** with PA reminders, **provide a blank PA form** when available, and **offer reverification support**. Supplemental PA support is also available through CoverMyMeds
- ✓ **Assess commercially insured patients** for Quick Start eligibility, if indicated on the Enrollment Form
- ✓ **Help educate** office staff about actions that can be considered to address a coverage denial
Appeal kits, along with example letters, for each indication for DUPIXENT[®] (dupilumab), are available at [DUPIXENThcp.com](https://www.dupixenthcp.com)
The letters provide examples of information that may be provided when responding to an insurance company; they are not intended to substitute for or to influence the independent medical judgment of physicians.
- ✓ **Monitor and communicate** the status of a patient's case with your office
- ✓ **Arrange shipment** with a patient via in-network specialty pharmacy



Remind patients about available support

- **DUPIXENT MyWay Copay Card Program** for eligible patients covered by commercial health insurance^a
- **DUPIXENT MyWay Patient Assistance Program** for qualified patients^b
- **One-on-one nursing support** and supplemental injection training



Additional resources that may help with access can be found at [DUPIXENThcp.com](https://www.dupixenthcp.com)

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-DUPIXEN(T) (1-844-387-4936) Option 1**, Monday–Friday, 8 AM–9 PM Eastern time.

^a**THIS IS NOT INSURANCE.** Program has an annual maximum of \$13,000. Not valid for prescriptions paid, in whole or in part, by Medicaid, Medicare, Veterans Affairs, Department of Defense, TRICARE, or similar federal or state programs, including any state pharmaceutical assistance programs. This program is not valid where prohibited by law, taxed, or restricted. **DUPIXENT MyWay** reserves the right to rescind, revoke, terminate, or amend this offer, eligibility, and terms of use at any time without notice. Additional terms and conditions apply. Upon registration to the Copay Program, patients will receive all program details.

^bTerms and conditions apply.

SANOI GENZYME  **REGENERON**

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200mg • 300mg