DUPIXENT®
(dupilumab) Injection
200mg · 300mg

ICD-10-CM Quick Reference Coding Guide

Use this ICD-10-CM coding guide when you submit claims to health plans for your patients who are prescribed DUPIXENT® (dupilumab) for an FDA-approved indication

The coding information in this document is provided for informational purposes only and is subject to change.[1] The codes listed may not apply to all patients or to all health plans.

INDICATIONS AND IMPORTANT SAFETY INFORMATION

Atopic Dermatitis: DUPIXENT is indicated for the treatment of adult and pediatric patients aged 6 months and older with moderate-to-severe atopic dermatitis (AD) 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.

Asthma: DUPIXENT is indicated as an add-on maintenance treatment of adult and pediatric patients aged 6 years and older with moderate-to-severe asthma characterized by an eosinophilic phenotype or with oral corticosteroid dependent asthma.
Limitations of Use: DUPIXENT is not indicated for the relief of acute bronchospasm or status asthmaticus.

Chronic Rhinosinusitis with Nasal Polyps: DUPIXENT is indicated as an add-on maintenance treatment in adult and pediatric patients aged 12 years and older with inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP).

Eosinophilic Esophagitis: DUPIXENT is indicated for the treatment of adult and pediatric patients aged 1 year and older, weighing at least 15 kg, with eosinophilic esophagitis (EoE).

Prurigo Nodularis: DUPIXENT is indicated for the treatment of adult patients with prurigo nodularis (PN).

Chronic Obstructive Pulmonary Disease: DUPIXENT is indicated as an add-on maintenance treatment of adult patients with inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype.
Limitations of Use: DUPIXENT is not indicated for the relief of acute bronchospasm.

Chronic Spontaneous Urticaria: DUPIXENT is indicated for the treatment of adult and pediatric patients aged 2 years and older with chronic spontaneous urticaria (CSU) who remain symptomatic despite H1 antihistamine treatment.
Limitations of Use: DUPIXENT is not indicated for treatment of other forms of urticaria.

Bullous Pemphigoid: DUPIXENT is indicated for the treatment of adult patients with bullous pemphigoid (BP).

Allergic Fungal Rhinosinusitis: DUPIXENT is indicated for the treatment of adult and pediatric patients aged 6 years and older with allergic fungal rhinosinusitis (AFRS) who have a history of sino-nasal surgery.

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

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Healthcare providers should exercise clinical judgment when selecting codes and submitting claims to accurately reflect the services and products provided to a patient.

Moderate-to-severe atopic dermatitis

For adult and pediatric patients aged 6 months 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

L20	Atopic dermatitis
L20.0	Besnier's prurigo
L20.8	Other atopic dermatitis
L20.81	Atopic neurodermatitis
L20.82	Flexural eczema
L20.83	Infantile (acute) (chronic) eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified

Prurigo nodularis

For adult patients with prurigo nodularis

L28.1	Prurigo nodularis
L28.2	Other prurigo

Chronic spontaneous urticaria

For adult and pediatric patients aged 2 years and older with chronic spontaneous urticaria (CSU) who remain symptomatic despite H1 antihistamine treatment

L50.1	Idiopathic urticaria
L50.8	Other urticaria
L50.9	Urticaria, unspecified

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hypersensitivity: Hypersensitivity reactions, including anaphylaxis, acute generalized exanthematous pustulosis (AGEP), serum sickness or serum sickness-like reactions, angioedema, generalized urticaria, rash, erythema nodosum, and erythema multiforme have been reported. A case of AGEP was reported in an adult subject who participated in the bullous pemphigoid development program. If a clinically significant hypersensitivity reaction occurs, institute appropriate therapy and discontinue DUPIXENT.

Bullous pemphigoid

For adult patients with bullous pemphigoid

L12.0	Bullous pemphigoid
L12.8	Other pemphigoid
L12.9	Pemphigoid, unspecified
L13.9	Bullous disorder, unspecified

Chronic rhinosinusitis with nasal polyps

For patients aged 12 years and older who require add-on maintenance treatment for inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP)

J33	Nasal polyp
J33.0	Polyp of the nasal cavity
J33.1	Polypoid sinus degeneration
J33.8	Other polyp of sinus
J33.9	Nasal polyp, unspecified

Allergic fungal rhinosinusitis

For adult and pediatric patients aged 6 years and older with allergic fungal rhinosinusitis (AFRS) who have a history of sino-nasal surgery.

B49	Unspecified mycosis
J32	Chronic sinusitis

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Conjunctivitis, Keratitis, and Blepharitis: Conjunctivitis and keratitis occurred more frequently in AD, COPD, and BP subjects who received DUPIXENT versus placebo, with conjunctivitis being the most frequently reported eye disorder in AD. Conjunctivitis also occurred more frequently in adult CRSwNP and PN subjects who received DUPIXENT compared to those who received placebo. Conjunctivitis, keratitis, and blepharitis have been reported with DUPIXENT in postmarketing settings, predominantly in AD patients. Some patients reported varying degrees of transient or ongoing visual impairment including blindness associated with conjunctivitis, keratitis, or blepharitis leading to discontinuation of DUPIXENT and/or surgical intervention. Advise patients or their caregivers to promptly report new-onset or worsening eye symptoms to their healthcare provider. Consider discontinuation of DUPIXENT and prompt ophthalmological examination for patients who develop signs and symptoms suggestive of keratitis, or when conjunctivitis or blepharitis do not resolve following standard treatment, as appropriate. Use with caution in patients with significant dry eye disease, history of significant lid abnormalities/surgeries, or history of nasolacrimal surgery.

Healthcare providers should exercise clinical judgment when selecting codes and submitting claims to accurately reflect the services and products provided to a patient.

Eosinophilic esophagitis

For adult and pediatric patients aged 1 year and older, weighing at least 15 kg, with eosinophilic esophagitis (EoE)

K20.0	Eosinophilic esophagitis

Moderate-to-severe asthma

For patients aged 6 years and older who require add-on maintenance treatment for moderate-to-severe asthma characterized by an eosinophilic phenotype or with oral corticosteroid-dependent asthma

J45.4	Moderate persistent asthma
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.5	Severe persistent asthma
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.9	Other and unspecified asthma
J45.90	Unspecified asthma
J45.901	Unspecified asthma with (acute) exacerbation
J82.83	Eosinophilic asthma

Chronic obstructive pulmonary disease

For adult patients who require an add-on maintenance treatment for inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype

J40	Bronchitis, not specified as acute or chronic
J41	Simple and mucopurulent chronic bronchitis
J41.0	Simple chronic bronchitis
J41.1	Mucopurulent chronic bronchitis
J41.8	Mixed simple and mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J43	Emphysema
J44	Other chronic obstructive pulmonary disease
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.9	Chronic obstructive pulmonary disease, unspecified

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Eosinophilic Conditions: Patients being treated for asthma may present with clinical features of eosinophilic pneumonia or eosinophilic granulomatosis with polyangiitis (EGPA). These events may be associated with the reduction of oral corticosteroid therapy. Healthcare providers should be alert to vasculitic rash, worsening pulmonary symptoms, cardiac complications, kidney injury, and/or neuropathy presenting in their patients with eosinophilia. Cases of eosinophilic pneumonia were reported in adults who participated in the asthma development program and cases of EGPA have been reported with DUPIXENT in adults who participated in the asthma development program as well as in adults with co-morbid asthma in the CRSwNP development program. Advise patients to report signs of eosinophilic pneumonia and EGPA. Consider withholding DUPIXENT if eosinophilic pneumonia or EGPA are suspected.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Acute Symptoms of Asthma or Chronic Obstructive Pulmonary Disease or Acute Deteriorating Disease: Do not use DUPIXENT to treat acute symptoms or acute exacerbations of asthma or COPD, acute bronchospasm, or status asthmaticus. Patients should seek medical advice if their asthma or COPD remains uncontrolled or worsens after initiation of DUPIXENT.

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

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Patients with Co-morbid Asthma: Advise patients with co-morbid asthma not to adjust or stop their asthma treatments without consultation with their physicians.

Psoriasis: Cases of new-onset psoriasis have been reported with the use of DUPIXENT for the treatment of atopic dermatitis and asthma, including in patients without a family history of psoriasis. In postmarketing reports, these cases resulted in partial or complete resolution of psoriasis with discontinuation of dupilumab, with or without use of supplemental treatment for psoriasis (topical or systemic). Those who continued dupilumab received supplemental treatment for psoriasis to improve associated symptoms. Advise patients to report new-onset psoriasis symptoms. If symptoms persist or worsen, consider dermatologic evaluation and/or discontinuation of DUPIXENT.

Arthralgia and Psoriatic Arthritis: Arthralgia has been reported with the use of DUPIXENT with some patients reporting gait disturbances or decreased mobility associated with joint symptoms; some cases resulted in hospitalization. Cases of new-onset psoriatic arthritis requiring systemic treatment have been reported with the use of DUPIXENT. Advise patients to report new onset or worsening joint symptoms. If symptoms persist or worsen, consider rheumatological evaluation and/or discontinuation of DUPIXENT.

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. Helminth infections (5 cases of enterobiasis and 1 case of ascariasis) were reported in pediatric patients 6 to 11 years old in the pediatric asthma development program.

Vaccinations: Consider completing all age-appropriate vaccinations as recommended by current immunization guidelines prior to initiating DUPIXENT. Avoid use of live vaccines during treatment with DUPIXENT.

ADVERSE REACTIONS:

Most common adverse reactions:

- **Atopic Dermatitis** (incidence ≥1%): injection site reactions, conjunctivitis, blepharitis, oral herpes, keratitis, eye pruritus, other herpes simplex virus infection, dry eye, and eosinophilia. The safety profile in pediatric patients through Week 16 was similar to that of adults with AD. In an open-label extension study, the long-term safety profile of DUPIXENT ± TCS in pediatric patients observed through Week 52 was consistent with that seen in adults with AD, with hand-foot-and-mouth disease and skin papilloma (incidence ≥2%) reported in patients 6 months to 5 years of age. These cases did not lead to study drug discontinuation.
- **Asthma** (incidence ≥1%): injection site reactions, oropharyngeal pain, and eosinophilia.
- **Chronic Rhinosinusitis with Nasal Polyps** (incidence ≥1% in adult patients): injection site reactions, eosinophilia, insomnia, toothache, gastritis, arthralgia, and conjunctivitis.
- **Eosinophilic Esophagitis** (incidence ≥2%): injection site reactions, upper respiratory tract infections, arthralgia, and herpes viral infections.
- **Prurigo Nodularis** (incidence ≥2%): nasopharyngitis, conjunctivitis, herpes infection, dizziness, myalgia, and diarrhea.
- **Chronic Obstructive Pulmonary Disease** (incidence ≥2%): viral infection, headache, nasopharyngitis, back pain, diarrhea, arthralgia, urinary tract infection, local administration reactions, rhinitis, eosinophilia, toothache, and gastritis.

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS (cont'd)

- **Chronic Spontaneous Urticaria** (incidence ≥2% in patients 12 years of age and older): injection site reactions.
- **Bullous Pemphigoid** (incidence ≥2%): arthralgia, conjunctivitis, vision blurred, herpes viral infections, keratitis.
- **Allergic Fungal Rhinosinusitis:** The most common adverse reactions in patients with AFRS are similar to adverse reactions for CRSwNP.

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** A pregnancy exposure registry monitors pregnancy outcomes in women exposed to DUPIXENT during pregnancy. 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.

FDA=US Food and Drug Administration; ICD-10-CM=*International Classification of Diseases, Tenth Revision, Clinical Modification.*

Reference: 1. Centers for Medicare & Medicaid Services. ICD-10 | CMS. Updated March 10, 2026. Accessed March 13, 2026. https://www.cms.gov/medicare/coding-billing/icd-10-codes

DUPIXENT myway®

DUPIXENT® (dupilumab) Injection
200mg · 300mg

For questions or more information:

Call 1-844-DUPIXENT
(1-844-387-4936) Option 1
Monday–Friday, 8 am–9 pm ET

Contact your Field Reimbursement Manager

Visit DUPIXENTHCP.com

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