

DUPIXENT (DUPLIMUMAB)



PRIOR AUTHORIZATION IS REQUIRED.

Learn about Dupixent® to treat adults and children 6 years of age and older with moderate-to-severe atopic dermatitis (eczema) that is not well controlled with prescription therapies used on the skin, or who cannot use topical therapies.

Criteria for Approval of Prior Authorization*

- Required documentation of **3 of the following diagnostic criteria** in addition to pruritic skin:
 - ✓ History of skin creases being involved.
 - ✓ History of asthma or hay fever.
 - ✓ Presence of generally dry skin within the past year.
 - ✓ Symptoms beginning before the age of 2.
 - ✓ Visible dermatitis involving flexural surfaces.
- Documentation showing the member has tried and failed using **2** of the following or had an intolerance or contraindication to **all** of the following:
 - ✓ Medium to high potency topical corticosteroid
 - ✓ Topical Protopic (tacrolimus) or Elidel (pimecrolimus)[^]
 - ✓ Systemic immunosuppressive therapy (e.g., cyclosporine, azathioprine, methotrexate)
 - ✓ Phototherapy

Important Reminders for Submitting a Prior Authorization

- Indicate if 3 diagnostic criteria have been met. This is required for authorization.
- Be sure to have documentation of failure of 2 of the above therapies or a documentation of a contraindication or intolerance to all therapies before requesting Dupixent.
- If there is a reason that the criteria cannot be met, document detailed rationale for consideration of an exception with the initial request.
- Documentation of improvement is required for continued treatment.

Electronic Prior Authorization with CoverMyMeds

CoverMyMeds helps patients get their medication by streamlining the prior authorization process for providers and pharmacists. Start today by creating a free account or logging in to your existing account at CoverMyMeds.com.

We're here to help.

Visit HighmarkHealthOptions.com to view the preferred drugs, the most up to date Dupixent criteria, and to access drug specific request forms. For more information, call Pharmacy Services at 1-844-325-6251, Monday–Friday, 8 a.m. to 7 p.m.

* Criteria subject to change.

[^] May require prior authorization.