# DRUG QUANTITY MANAGEMENT POLICY - PER DAYS

**POLICY:** Immunologicals – Dupixent Drug Quantity Management Policy – Per Days

• Dupixent® (dupilumab subcutaneous injection – Regeneron/sanofi-aventis)

**REVIEW DATE:** 10/12/2022

#### **OVERVIEW**

Dupixent, an interleukin-4 receptor alpha antagonist, is indicated for the following uses: 1

- Asthma, as an add-on maintenance treatment in patients ≥ 6 years of age with moderate-to-severe disease with an eosinophilic phenotype or with oral corticosteroid-dependent asthma.
   Limitation of Use: Dupixent is not indicated for the relief of acute bronchospasm or status asthmaticus.
- Atopic dermatitis, for the treatment of patients ≥ 6 months of age with moderate-to-severe disease whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.
- Chronic rhinosinusitis with nasal polyposis (CRSwNP) [i.e., nasal polyps], as an add-on maintenance treatment in adults with inadequately controlled disease.
- **Eosinophilic esophagitis**, in patients  $\geq 12$  years of age who weigh  $\geq 40$  kg.
- **Prurigo nodularis**, in adult patients.

# **Dosing**

Table 1. Dosing and Administration of Dupixent.1

Indication	Dosing and Administration			
Atopic Dermatitis	Patients ≥ 18 years of age:			
	• 600 mg (two 300 mg SC injections), followed by 300 mg SC Q2W			
	Patients 6 to 17 years of age:			
	• Patients weighing 15 to < 30 kg: 600 mg (two 300 mg SC injections), followed by 300 mg SC Q4W			
	• Patients weighing 30 kg to < 60 kg: 400 mg (two 200 mg SC injections), followed by 200 mg SC Q2W			
	• Patients weighing ≥ 60 kg: 600 mg (two 300 mg SC injections), followed by 300 mg SC Q2W			
	Patients 6 months to 5 years of age:			
	• 5 kg to < 15 kg: 200 mg (one 200 mg SC injection) Q4W			
	• 15 kg to < 30 kg: 300 mg (one 300 mg SC injection) Q4W			
Asthma	Adults and Adolescents ≥ 12 years of age:			
	• Initial loading dose of 400 mg (two 200 mg injections), followed by 200 mg SC Q2W; OR			
	• Initial loading dose of 600 mg (two 300 mg injections), followed by 300 mg SC Q2W*			
	Patients 6 to 11 years of age:			
	• Patients weighing 15 to < 30 kg: 100 mg SC Q2W OR 300 mg SC Q4W			
	• Patients weighing ≥ 30 kg: 200 mg SC Q2W			
CRSwNP	Patients $\geq 18$ years of age:			
	• 300 mg SC Q2W			
EoE	Patients $\geq 12$ years of age:			
	• 300 mg SC QW			
Prurigo Nodularis	Patients ≥ 18 years of age:			
-	• 600 mg (two 300 mg SC injections), followed by 300 mg SC Q2W			

SC – Subcutaneous; Q2W – Once every 2 weeks; Q4W – Once every 4 weeks; \* The 600 mg loading dose followed by 300 mg once every 2 weeks is the recommended regimen for patients with oral corticosteroid-dependent asthma, patients with co-morbid moderate-to-severe atopic dermatitis, or adults with co-morbid chronic rhinosinusitis with nasal polyposis; † For pediatric patients 6 to 11 years of age with asthma and co-morbid moderate-to-severe atopic dermatitis, follow the recommended dose for atopic dermatitis; CRSwNP – Chronic rhinosinusitis with nasal polyposis; EoE – Eosinophilic esophagitis; QW – Once weekly.

Immunologicals – Dupixent DQM Policy – Per Days Page 2

### **Availability**

Dupixent is available as 200 mg/1.14 mL and 300 mg/2 mL prefilled pens and prefilled syringes. <sup>1</sup> It is also available as 100 mg/0.67 mL prefilled syringes. Each carton contains either two prefilled pens or prefilled syringes. The prefilled pens are only approved for use in patients ≥ 12 years of age.

#### **POLICY STATEMENT**

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Dupixent. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals will be provided for 1 year in duration, unless noted below.

**Automation:** None.

#### **Drug Quantity Limits**

Product	Strength and Form	Retail	Home Delivery
Troduct	Strength and Form	Maximum Quantity	Maximum Quantity
		per 28 days	per 84 days
Dupixent <sup>®</sup>	100 mg/0.67 mL prefilled syringes	2 prefilled syringes	6 prefilled syringes
(dupilumab subcutaneous	200 mg/1.14 mL prefilled pens	2 prefilled pens	6 prefilled pens
injection)	200 mg/1.14 mL prefilled syringes	2 prefilled syringes	6 prefilled syringes
	300 mg/2 mL prefilled pens	2 prefilled pens	6 prefilled pens
	300 mg/2 mL prefilled syringes	2 prefilled syringes	6 prefilled syringes

#### **CRITERIA**

Dupixent 100 mg/0.67 mL prefilled syringes

No overrides recommended.

# Dupixent 200 mg/1.14 mL prefilled pens and prefilled syringes

1. If the patient is initiating therapy at induction dosing for asthma or atopic dermatitis, as verified by the absence of claims for Dupixent in the past 130 days, approve a one-time override for four prefilled pens or prefilled syringes for a 28-day supply at retail or eight prefilled pens or prefilled syringes for an 84-day supply at home delivery.

<u>Note</u>: The retail quantity of four prefilled pens or prefilled syringes provides a quantity sufficient for the initial loading dose of 400 mg followed by 200 mg once every 2 weeks thereafter for 28 days. The home delivery quantity of eight prefilled pens or prefilled syringes provides for the initial loading dose of 400 mg followed by 200 mg once every 2 weeks thereafter for a total of 84 days.

# Dupixent 300 mg/2 mL prefilled pens and prefilled syringes

- 1. If the patient is initiating therapy at induction dosing for asthma, atopic dermatitis, or prurigo nodularis, as verified by the absence of claims for Dupixent in the past 130 days, approve a one-time override for up to four prefilled pens or prefilled syringes for 28-day supply at retail or eight prefilled pens or prefilled syringes for an 84-day supply at home delivery.
  - <u>Note</u>: The retail quantity of four prefilled pens or prefilled syringes provides a quantity sufficient for the initial loading dose of 400 mg followed by 200 mg once every 2 weeks thereafter for 28 days. The home delivery quantity of eight prefilled pens or prefilled syringes provides for the initial loading dose of 400 mg followed by 200 mg once every 2 weeks thereafter for a total of 84 days.
- 2. If the patient has eosinophilic esophagitis, approve four prefilled pens or prefilled syringes per 28 days at retail and 12 prefilled pens or prefilled syringes per 84 days at home delivery.

Pag	ge 3								
<b>R</b> E	FERENCES Dupixent® sub	cutaneous inje	ction [prescribi	ng information]	. Tarrytown, N	IY: Regeneron/	sanofi-aventis; S	September 2022	2.

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