

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Dupixent (dupilumab)**

This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization. Additional MCO recommendations have been incorporated.

Clinical Information Included in this Document**Dupixent Subcutaneous Injection**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section

Revision Notes

Added GCN for Dupixent 200 mg/1.14 mL pen (48785) to drug table



Dupixent (dupilumab)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
DUPIXENT 200 MG/1.14 ML PEN	48785
DUPIXENT 200 MG/1.14 ML SYRINGE	45522
DUPIXENT 300 MG/2 ML PEN	48277
DUPIXENT 300 MG/2 ML SYRINGE	43222



Dupixent (dupilumab)

Clinical Criteria Logic

Initial Requests:

1. Is the client greater than or equal to (\geq) 6 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of moderate to severe **atopic dermatitis** in the last 365 days that involves greater than or equal to (\geq) 10% of the client's body surface area? [Manual step]
 Yes (Go to #3)
 No (Go to #4)
3. Does the client have a claim for a **topical corticosteroid and crisaborole** in the last 365 days?
 Yes (Approve – 365 days)
 No (Deny)
4. Does the client have a diagnosis of **moderate-to-severe asthma** in the last 365 days?
 Yes (Go to #5)
 No (Go to #6)
5. Does the client have at least 30 days supply of an **oral or inhaled corticosteroid** in the last 60 days?
 Yes (Approve – 365 days)
 No (Deny)
6. Is the client greater than or equal (\geq) 18 years of age?
 Yes (Go to #7)
 No (Deny)
7. Does the client have a diagnosis of **chronic rhinosinusitis with nasal polyposis** in the last 365 days?
 Yes (Go to #8)
 No (Deny)
8. Does the client have at least 60 days supply of an **intranasal corticosteroid** in the last 90 days?
 Yes (Approve – 365 days)
 No (Deny)

Prior Authorization Renewal Requests:

1. Does the client have a diagnosis of atopic dermatitis, asthma or chronic rhinosinusitis with nasal polyposis in the last 365 days?
 Yes (Go to #2)
 No (Deny)

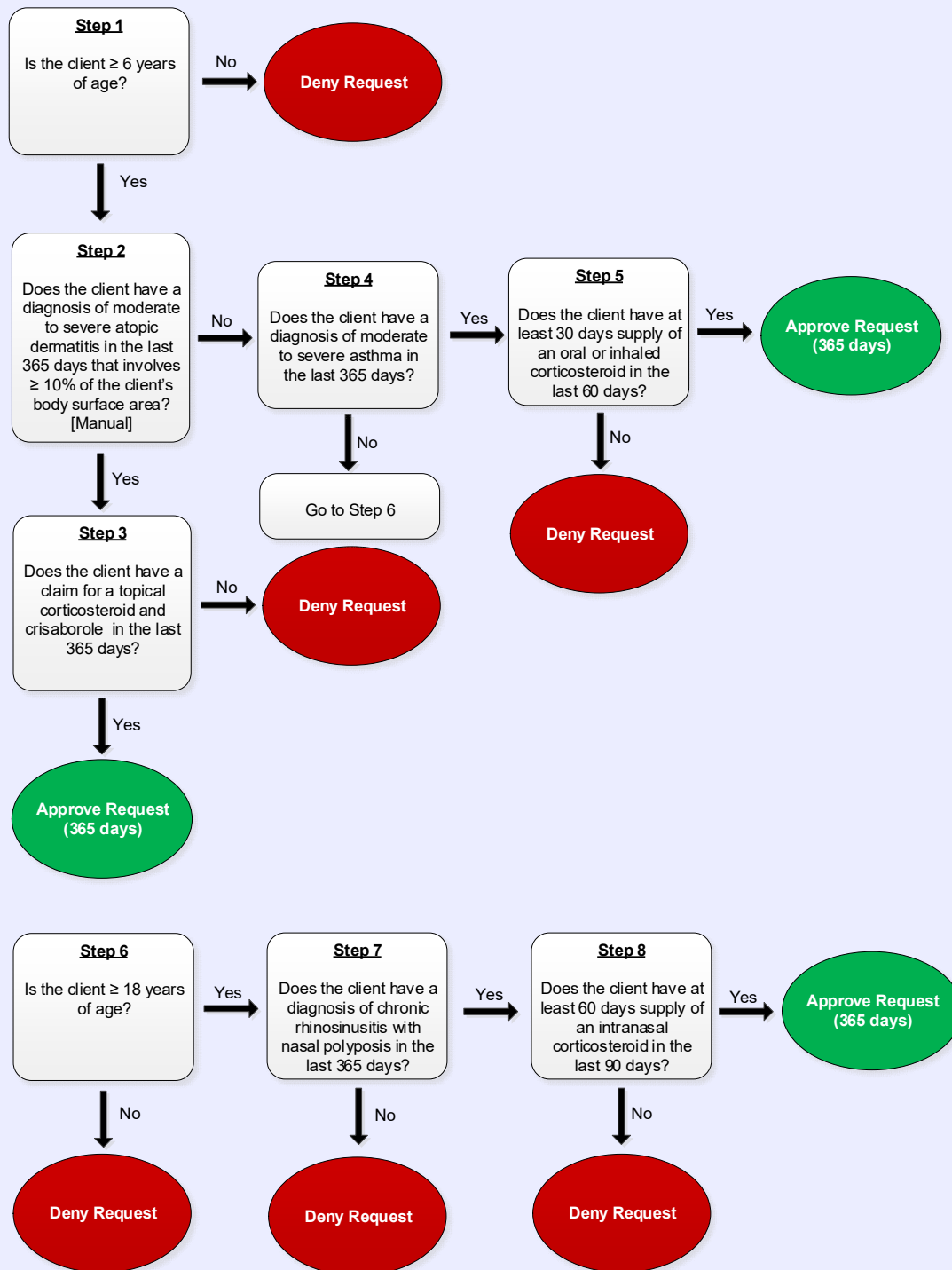
2. Does the client continue to show improvement? [Manual step]
 Yes (Approve – 365 days)
 No (Deny)



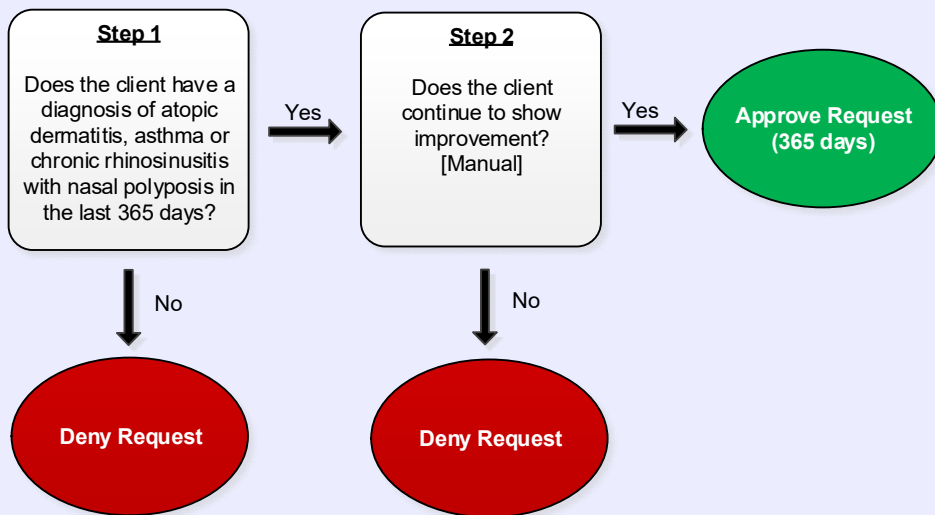
Dupixent (dupilumab)

Clinical Criteria Logic Diagram

Initial Requests:



Prior Authorization Renewal Requests:





Dupixent (dupilumab)

Clinical Criteria Supporting Tables

Step 2 (diagnosis of atopic dermatitis)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
L200	BESNIER'S PRURIGO
L2081	ATOPIC NEURODERMATITIS
L2082	FLEXURAL ECZEMA
L2084	INTRINSIC (ALLERGIC) ECZEMA
L2089	OTHER ATOPIC DERMATITIS
L209	ATOPIC DERMATITIS, UNSPECIFIED

Step 3a (claim for a topical corticosteroid)	
Required claims: 1	
Look back timeframe: 365 days	
Label Name	GCN
AMCINONIDE 0.1% CREAM	31490
AMCINONIDE 0.1% LOTION	31560
APEXICON E 0.05% CREAM	67730
BETAMETHASONE DP 0.05% CRM	31060
BETAMETHASONE DP 0.05% LOT	31080
BETAMETHASONE DP 0.05% OINT	31070
BETAMETHASONE DP AUG 0.05% CRM	31890
BETAMETHASONE DP AUG 0.05% GEL	32091
BETAMETHASONE DP AUG 0.05% LOT	30980
BETAMETHASONE DP AUG 0.05% OIN	31910
BETAMETHASONE VA 0.1% CREAM	31101
BETAMETHASONE VALER 0.12% FOAM	32052
BETAMETHASONE VA 0.1% LOTION	31120
BETAMETHASONE VALER 0.1% OINTM	31110
BETA-VAL 0.1% LOTION	31120
CLOBETASOL 0.05% CREAM	32140

Step 3a (claim for a topical corticosteroid)	
Required claims: 1	
Look back timeframe: 365 days	
Label Name	GCN
CLOBETASOL 0.05% GEL	15892
CLOBETASOL 0.05% OINTMENT	32130
CLOBETASOL 0.05% SOLUTION	15891
CLOBETASOL EMOLLIENT 0.05% CRM	34141
CLOBETASOL PROP 0.05% FOAM	89743
CLOBEX 0.05% SPRAY	25909
CLOBEX 0.05% TOPICAL LOTION	34040
CORMAX 0.05% SOLUTION	15891
DESOXIMETASONE 0.05% CREAM	31180
DESOXIMETASONE 0.05% GEL	06120
DESOXIMETASONE 0.25% CREAM	31181
DESOXIMETASONE 0.25% OINTMENT	30800
DIFLORASONE 0.05% CREAM	31470
DIFLORASONE 0.05% OINTMENT	31480
DIPROLENE 0.05% LOTION	30980
DIPROLENE AF 0.05% CREAM	31890
DIPROLENE 0.05% OINTMENT	31910
DIPROLENE AF 0.05% CREAM	31890
FLUOCINONIDE 0.05% CREAM	31390
FLUOCINONIDE 0.05% GEL	31380
FLUOCINONIDE 0.05% OINTMENT	31400
FLUOCINONIDE 0.05% SOLUTION	31401
FLUOCINONIDE-E 0.05% CREAM	54650
FLUOCINONIDE-EMOL 0.05% CREAM	54650
FLUOCINONIDE 0.1% CREAM	24306
HALOBETASOL PROP 0.05% CREAM	31251
HALOBETASOL PROP 0.05% OINTMNT	31211
HALOG 0.1% CREAM	31441
HALOG 0.1% OINTMENT	31451
OLUX 0.05% FOAM	89743
OLUX-E 0.05% FOAM	97649
SERNIVO 0.05% SPRAY	40655
TEMOVATE 0.05% CREAM	32140
TEMOVATE 0.05% OINTMENT	32130
TOPICORT 0.05% GEL	06120
TOPICORT 0.25% CREAM	31181

Step 3a (claim for a topical corticosteroid)	
Required claims: 1	
Look back timeframe: 365 days	
Label Name	GCN
TOPICORT 0.25% OINTMENT	30800
TOPICORT LP 0.05% CREAM	31180
TOPICORT 0.25% SPRAY	34545
TRIAMCINOLONE 0.025% CREAM	31231
TRIAMCINOLONE 0.025% LOTION	31260
TRIAMCINOLONE 0.025% OINT	31241
TRIAMCINOLONE 0.1% CREAM	31232
TRIAMCINOLONE 0.1% LOTION	31261
TRIAMCINOLONE 0.1% OINTMENT	31242
TRIAMCINOLONE 0.5% CREAM	31233
TRIAMCINOLONE 0.5% OINTMENT	31244
TRIANEX 0.05% OINTMENT	31243
ULTRAVATE 0.05% CREAM	31251
VANOS 0.1% CREAM	24306

Step 3b (claim for crisaborole)	
Required claims: 1	
Look back timeframe: 365 days	
Label Name	GCN
EUCRISA 2% OINTMENT	42792

Step 4 (diagnosis of asthma)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
J4540	MODERATE PERSISTENT ASTHMA UNCOMPLICATED
J4541	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION
J4542	MODERATE PERSISTENT ASTHMA WITH STATUS ASTHMATICUS
J4550	SEVERE PERSISTENT ASTHMA UNCOMPLICATED
J4551	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION
J4552	SEVERE PERSISTENT ASTHMA WITH STATUS ASTHMATICUS
J45901	UNSPECIFIED ASTHMA UNCOMPLICATED
J45902	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION

Step 4 (diagnosis of asthma)	
Required diagnosis: 1	
Look back timeframe: 365 days	
J45909	UNSPECIFIED ASTHMA WITH STATUS ASTHMATICUS
J82	PULMONARY EOSINOPHILIA, NOT ELSEWHERE CLASSIFIED

Step 5 (claim for an oral or inhaled corticosteroid)	
Required days supply: 30	
Look back timeframe: 60 days	
Label Name	GCN
ADVAIR 100-50 DISKUS	50584
ADVAIR 250-50 DISKUS	50594
ADVAIR 500-50 DISKUS	50604
ADVAIR HFA 115-21MCG INHALER	97136
ADVAIR HFA 230-21MCG INHALER	97137
ADVAIR HFA 45-21MCG INHALER	97135
AEROSPAN 80MCG INHALER	35718
ALVESCO 160 MCG INHALER	24152
ALVESCO 80 MCG INHALER	24149
ARMONAIR RESPICLICK 113 MCG	42984
ARMONAIR RESPICLICK 232 MCG	42985
ARMONAIR RESPICLICK 55 MCG	42979
ARNUITY ELLIPTA 100 MCG INH	37007
ARNUITY ELLIPTA 200 MCG INH	37008
ARNUITY ELLIPTA 50 MCG INH	44783
ASMANEX TWISTHALER 110 MCG #30	99721
ASMANEX TWISTHALER 220 MCG #30	24928
ASMANEX TWISTHALER 220 MCG #60	24929
ASMANEX TWISTHALR 220 MCG #120	18987
BREO ELLIPTA 100-25MCG INH	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BUDESONIDE 0.25MG/2ML SUSPENSION	17957
BUDESONIDE 0.5MG/2ML SUSPENSION	17958
BUDESONIDE 1MG/2ML INHALATION SUSPENSION	62980
BUDESONIDE EC 3MG CAPSULE	28680
BUDESONIDE ER 9 MG TABLET	34063
CORTEF 10MG TABLET	26781
CORTEF 20MG TABLET	26782
CORTEF 5MG TABLET	26783
DEXAMETHASONE 0.5MG TABLET	27422

Step 5 (claim for an oral or inhaled corticosteroid)	
Required days supply: 30	
Look back timeframe: 60 days	
Label Name	GCN
DEXAMETHASONE 0.5MG/5 ML LIQ	27411
DEXAMETHASONE 0.5MG/5ML ELIXIR	27400
DEXAMETHASONE 0.75MG TABLET	27425
DEXAMETHASONE 1.5MG TABLET	27427
DEXAMETHASONE 1MG TABLET	27424
DEXAMETHASONE 2MG TABLET	27426
DEXAMETHASONE 4MG TABLET	27428
DEXAMETHASONE 6MG TABLET	27429
DEXAMETHASONE INTENSOL 1MG/1ML	27412
DEXTAK 10 DAY 1.5 MG TABLET	97184
DEXTAK 13 DAY 1.5 MG TABLET	22691
DEXTAK 6 DAY 1.5 MG TABLET	16987
DULERA 50 MCG/5 MCG INHALER	30139
DULERA 100 MCG/5 MCG INHALER	28766
DULERA 200 MCG/5 MCG INHALER	28767
FLOVENT 100MCG DISKUS	53633
FLOVENT 250MCG DISKUS	53634
FLOVENT 50MCG DISKUS	53635
FLOVENT HFA 110 MCG INHALER	53636
FLOVENT HFA 220 MCG INHALER	53639
FLOVENT HFA 44 MCG INHALER	53638
HYDROCORTISONE 100MG/60ML	66392
HYDROCORTISONE 20MG TABLET	26782
HYDROCORTISONE 5MG TABLET	26783
HYDROCORTONE 10MG TABLET	26781
MEDROL 16MG TABLET	27051
MEDROL 32MG TABLET	27055
MEDROL 4MG DOSEPAK	37499
MEDROL 4MG TABLET	27056
MEDROL 8MG TABLET	27058
METHYLPREDNISOLONE 16MG TABLET	27051
METHYLPREDNISOLONE 32MG TABLET	27055
METHYLPREDNISOLONE 4MG DOSEPACK	37499
METHYLPREDNISOLONE 4MG TABLET	27056
METHYLPREDNISOLONE 8MG TABLET	27058
MILLIPRED 10MG/5ML SOLUTION	99610
MILLIPRED 5MG TABLET	26963
MILLIPRED DP 5MG 12-DAY PACK	28879

Step 5 (claim for an oral or inhaled corticosteroid)	
Required days supply: 30	
Look back timeframe: 60 days	
Label Name	GCN
MILLIPRED DP 5MG 6-DAY PACK	28878
ORAPRED ODT 10MG TABLET	27108
ORAPRED ODT 15MG TABLET	27109
ORAPRED ODT 30MG TABLET	27114
PREDNISOLONE 15MG/5ML SOLN	26800
PREDNISOLONE 5MG/5ML SOLUTION	09115
PREDNISOLONE 10MG/5ML SOLN	99610
PREDNISOLONE 15MG/5ML SOLN	33806
PREDNISOLONE 20MG/5ML SOLUTION	14565
PREDNISOLONE ODT 10MG TABLET	27108
PREDNISOLONE ODT 15MG TABLET	27109
PREDNISOLONE ODT 30MG TABLET	27114
PREDNISON 10MG TABLET	27172
PREDNISON 1MG TABLET	27171
PREDNISON 2.5MG TABLET	27173
PREDNISON 20MG TABLET	27174
PREDNISON 5 MG TABLET	27176
PREDNISON 50MG TABLET	27177
PREDNISON 5MG/5ML SOLUTION	27160
PREDNISON 5MG/5ML SOLUTION	27161
PULMICORT 0.25 MG/2 ML RESPULE	17957
PULMICORT 0.5MG/2ML RESPULE	17958
PULMICORT 1 MG/2 ML RESPULE	62980
PULMICORT 180 MCG FLEXHALER	98025
PULMICORT 90 MCG FLEXHALER	98024
QVAR 40 MCG INHALER	80128
QVAR 80 MCG INHALER	80131
QVAR REDIHALER 40 MCG	43724
QVAR REDIHALER 80 MCG	43725
SYMBICORT 160-4.5 MCG INHALER	98500
SYMBICORT 80-4.5 MCG INHALER	98499
TRELEGY ELLIPTA 100-62.5-25	43921
VERIPRED 20 20MG/5ML SOLN	14565
ZODEX 6 DAY 1.5 MG TABLET	16987

Step 6 (diagnosis of chronic rhinosinusitis with nasal polyposis)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
J330	POLYP OF NASAL CAVITY
J331	POLYPOID SINUS DEGENERATION
J338	OTHER POLYP OF SINUS
J339	NASAL POLYP, UNSPECIFIED

Step 7 (claim for an intranasal corticosteroid)	
Required days supply: 60	
Look back timeframe: 90 days	
Label Name	GCN
BECONASE AQ 0.042% SPRAY	47100
BUDESONIDE 32MCG NASAL SPRAY	92231
DYMISTA NASAL SPRAY	32099
FLUNISOLIDE 0.025% SPRAY	34280
FLUTICASONE PROP 50MCG SPRAY	62263
MOMETASONE FUROATE 50MGCG SPRY	71431
NASONEX 50MCG NASAL SPRAY	71431
QNASL CHILDRENS 40MCG SPRAY	37654
QNASL 80MCG NASAL SPRAY	31769
TRIAMCINOLONE 55MCG NASAL SPRAY	36145
XHANCE 93MCG NASAL SPRAY	43878



Dupixent (dupilumab)

Clinical Criteria References

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6. Hopkins C. Chronic Rhinosinusitis with Nasal Polyps. N Engl J Med 2019; 381:55-63.
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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/28/2017	Initial publication and presentation to the DUR Board
08/21/2017	Updated with DUR Board Recommendations <ul style="list-style-type: none"> Updated question 3 to have a lookback of 365 days Added renewal criteria Updated logic diagram Added logic diagram Updated Table 3a to include only high and very high potency corticosteroids
10/26/2017	Added Table 2 (ICD-10 codes for atopic dermatitis)
01/03/2019	Added additional GCN to 'Drugs Requiring PA' Added criteria for the indication of moderate-to-severe asthma Changed term 'Renewal Request' to 'Prior Authorization Renewal Request'
03/18/2019	Updated criteria logic and logic diagram criteria to make age requirements greater than or equal to 12 years of age Updated references
03/28/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table
09/13/19	Updated criteria logic and logic diagram to include diagnosis of chronic rhinosinusitis with polyposis
06/17/2020	Updated the age requirements for the atopic dermatitis diagnosis on the criteria logic and logic diagram
01/06/2021	Added Eucrisa (crisaborole) ointment and removed topical calcineurin inhibitors from question 3 in criteria logic and logic diagram Added GCN for Eucrisa to table 3b
03/03/2021	Added GCN for Dupixent 300mg/2mL pen (48277) to drug table
04/15/2021	Annual review by staff Added GCNs for betamethasone valerate foam (32052); fluocinonide (24306); Topicort spray (34545) to Table 3a Added GCNs for budesonide ER tablet (34063); Dulera (30139); prednisolone (99610, 14565) to Table 5 Updated references
10/27/2021	Expanded age for asthma to patients \geq 6 years in criteria logic

Publication Date	Notes
03/10/2022	Added GCN for Dupixent 200 mg/1.14 mL pen (48785)