

<b>Reference number</b>
1692-H

## SPECIALTY QUANTITY LIMIT PROGRAM

### DUPIXENT (dupilumab)

#### I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

#### II. COVERED QUANTITIES

Medication	Standard Limit	Exception Limit*	FDA-recommended dosing
Dupixent 200 mg/ 1.14 mL pre-filled syringe	400 mg per 28 days	400 mg per 14 days	Atopic dermatitis: <ul style="list-style-type: none"> <li>Adults and adolescents weighing <math>\geq</math> 60 kg: Initial dose of 600 mg (two 300 mg injections), followed by 300 mg every other week.</li> <li>Adolescents weighing &lt; 60 kg: Initial dose of 400 mg (two 400 mg injections), followed by 200 mg every other week.</li> </ul>
Dupixent 300 mg/ 2 mL pre-filled syringe	600 mg per 28 days	600 mg per 14 days	Asthma: <ul style="list-style-type: none"> <li>Initial dose of 400 mg (two 200 mg injections), followed by 200 mg every other week, or</li> <li>Initial dose of 600 mg (two 300 mg injections), followed by 300 mg every other week</li> <li>Patients with oral corticosteroid-dependent asthma, or with co-morbid moderate-to-severe atopic dermatitis for which Dupixent is indicated: initial dose of 600 mg followed by 300 mg every other week</li> </ul>

\* Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

#### III. REFERENCES

- Dupixent [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals; March 2019.