Dupixent

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:
Medication:	Diagnosis:

SECTION A Please answer the following questions

1. θ Yes θ No Will Dupixent be used concurrently with Xolair or another Anti-Interleukin (IL) Monoclonal Antibody?

2. θ Yes θ No Is the prescription being written or recommended by a pulmonologist, dermatologist, immunologist, allergy specialist, or gastroenterologist?

3. θ Yes θ No Is the diagnosis or indication for the treatment of moderate to severe atopic dermatitis whose disease is not adequately controlled?
   - ➔ *If YES, go to question 4*
   - ➔ *If NO, go to question 6*

4. θ Yes θ No Has the member used at least one medium or high potency topical corticosteroid (e.g., fluocinonide, etc.) (unless contraindicated or unable to tolerate) prior to the initiation of Dupixent?
   - ➔ *If NO, go to question 5*

5. θ Yes θ No Has the member used at least one topical calcineurin inhibitor (e.g., tacrolimus) (unless contraindicated or unable to tolerate) prior to the initiation of Dupixent?

6. θ Yes θ No Is the diagnosis or indication for the treatment of moderate to severe asthma with an eosinophilic phenotype or with corticosteroid dependent asthma, as add-on maintenance treatment?
   - ➔ *If YES, go to question 7*
   - ➔ *If NO, go to question 9*

7. θ Yes θ No Does the member have a baseline blood eosinophil level greater than or equal to 150 cells per microliter?

8. θ Yes θ No Has the member been unable to achieve adequate asthma control while on inhaled corticosteroid therapy (unless contraindicated or unable to tolerate)?

9. θ Yes θ No Is the diagnosis or indication for the treatment of chronic rhinosinusitis with nasal polyposis as add-on maintenance treatment?
   - ➔ *If YES, go to question 10*
   - ➔ *If NO, go to question 11*

10. θ Yes θ No Has the member been unable to achieve adequate control on at least one formulary nasal corticosteroid (e.g., mometasone, etc.) unless contraindicated or unable to tolerate?

11. θ Yes θ No Is the diagnosis or indication for the treatment of eosinophilic esophagitis (EoE) in patients weighing at least 15kg?
   - ➔ *If YES, go to question 12*
   - ➔ *If NO, go to question 13*

12. θ Yes θ No Does the member have documented use of at least one proton pump inhibitor (e.g., omeprazole, lansoprazole, pantoprazole, etc.) (unless unable to tolerate) prior to the initiation of Dupixent?

13. θ Yes θ No Is the diagnosis or indication for the treatment of prurigo nodularis?

14. θ Yes θ No Is the diagnosis or indication for the treatment of inadequately controlled chronic obstructive pulmonary disease (COPD) with an eosinophilic phenotype (e.g., blood eosinophil at least 300 cells per microliter) as add-on maintenance treatment?

15. θ Yes θ No Has the member been unable to achieve adequate control on at least 2 of the following: long-acting muscarinic antagonists (LAMA), long-acting beta-agonists (LABA), or inhaled corticosteroid therapy (unless contraindicated or unable to tolerate) or has history of at least 2 moderate or 1 severe COPD exacerbations in the previous 12 months?

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at http://www.villagehealthca.com