



## 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](mailto: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.     Yes     No    Will Dupixent be used concurrently with Xolair or another Anti-Interleukin (IL) Monoclonal Antibody?
2.     Yes     No    Is the prescription being written or recommended by a pulmonologist, dermatologist, immunologist, allergy specialist, or gastroenterologist?
3.     Yes     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.     Yes     No    Does the member have documented use of 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.     Yes     No    Does the member have documented use of at least one topical calcineurin inhibitor (e.g., tacrolimus) (unless contraindicated or unable to tolerate) prior to the initiation of Dupixent?

