

Drug Monograph

Drug Name: **Dupixent® (dupilumab) 100 mg/0.67 mL syringe**
 Drug Class: **Respiratory: Monoclonal Antibodies**
 Prepared For: MO HealthNet
 Prepared By: Conduent

☒ **New Criteria**

☐ **Revision of Existing Criteria**

Executive Summary

Purpose:	The purpose of this monograph is to provide a review of new therapy to determine whether the reviewed drug should be made available on an open access basis to prescribers, require a clinical edit or require prior authorization for use.		
Dosage Forms:	Dupixent is now available in a 100 mg/0.67 mL pre-filled syringe.		
Manufacturer:	Manufactured by: Regeneron Pharmaceuticals, Inc., Tarrytown, NY 10591.		
Indications:	Dupixent is indicated for: <ul style="list-style-type: none"> • The treatment of patients aged 6 years and older with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. • As add-on maintenance treatment of patients 6 years and older with moderate-to-severe asthma characterized by an eosinophilic phenotype or with oral corticosteroid dependent asthma. • As add-on maintenance treatment in adult patients with inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP). 		
Costs:	\$1,601.70 per syringe. Wholesale Acquisition Cost		
Summary of Findings:	This drug is being considered for inclusion in the state specific Preferred Drug List as non-preferred.		
Status	<input type="checkbox"/> Clinical Edit	<input type="checkbox"/> PA Required	
Recommendation:	<input type="checkbox"/> Open Access	<input checked="" type="checkbox"/> PDL	
Type of PA Criteria:	<input type="checkbox"/> Appropriate Indications	<input checked="" type="checkbox"/> Non-Preferred	
	<input type="checkbox"/> No PA Required	<input type="checkbox"/> Preferred	

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 Date: December 30, 2021