Dupixent®

Products affected

- Dupixent®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	Must be age 18 or older.
Prescriber restrictions	N/A
Coverage duration	Authorized for 1 year. Limited to 8mL the first month, 4mL per 30 days thereafter for maintenance.
Other criteria	Must have had a trial and inadequate response to one medium potency or higher topical steroid, such as clobetasol, betamethasone dipropionate, halobetasol, or fluocinonide, and one topical calcineurin inhibitor, such as Elidel or tacrolimus.