



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Dupixent

Page: 1 of 12

Effective Date: 10/16/2025

Last Review Date: 9/10/2025

Applies to: New Jersey

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Dupixent under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

FDA-approved Indications

- Treatment of adult and pediatric patients aged 6 months 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. Dupixent can be used with or without topical corticosteroids. - Review under NJ State Policy for Dupixent Protocol Addendum Disease States
- Add-on maintenance treatment of adult and pediatric patients aged 6 years and older with moderate-to-severe asthma characterized by an eosinophilic phenotype or with oral corticosteroid dependent asthma. - Review under NJ State Policy for Dupixent Protocol Addendum Disease States
- Add-on maintenance treatment in adult and pediatric patients aged 12 years and older with inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP). - Review under NJ State Policy for Dupixent Protocol Addendum Disease States
- Treatment of adult and pediatric patients aged 1 year and older, weighing at least 15 kg, with eosinophilic esophagitis (EoE). - Review under NJ State Policy for Dupixent Protocol Addendum Disease States
- Treatment of adult patients with prurigo nodularis (PN). - Review under NJ State Policy for Dupixent Protocol Addendum Disease States
- Add-on maintenance treatment of adult patients with inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype.
- Treatment of adult and pediatric patients aged 12 years and older with chronic spontaneous urticaria (CSU) who remain symptomatic despite H1 antihistamine treatment.
- Treatment of adult patients with bullous pemphigoid (BP)

Limitations of Use

- Not indicated for the relief of acute bronchospasm or status asthmaticus.
- Not indicated for treatment of other forms of urticaria.

Compendial Uses

Immune checkpoint inhibitor-related toxicities



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Dupixent

Page: 2 of 12

Effective Date: 10/16/2025

Last Review Date: 9/10/2025

Applies to: New Jersey

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Dupixent

Policy/Guideline:

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Chronic Obstructive Pulmonary Disease (COPD)

Initial requests

- Chart notes or medical record documentation demonstrating classic signs and/or symptoms of COPD.
- Chart notes, medical record documentation, or claims history of previous medications tried, including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
- Chart notes or medical record documentation showing absolute blood eosinophil count prior to initiating therapy with the requested medication.
- Chart notes or medical record documentation of moderate or severe exacerbations within the last year.

Continuation requests

Chart notes or medical record documentation supporting positive clinical response.

Chronic Spontaneous Urticaria (CSU)

Initial requests

Chart notes, medical record documentation, or claims history supporting previous medications tried, including response to therapy.

Continuation requests

Chart notes or medical record documentation supporting positive response to therapy.

Immune Checkpoint Inhibitor-Related Toxicities

Continuation requests

Chart notes or medical record documentation supporting positive clinical response.

Bullous Pemphigoid (BP)

Initial requests

- Chart notes or medical record documentation demonstrating clinical features of bullous pemphigoid.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Dupixent	Page:	3 of 12
Effective Date:	10/16/2025	Last Review Date:	9/10/2025
Applies to:	<input checked="" type="checkbox"/> New Jersey		

- Chart notes, medical record documentation, or claims history of previous medications tried, including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

Continuation requests

Chart notes or medical record documentation supporting positive clinical response.

Prescriber Specialties

This medication must be prescribed by or in consultation with ONE of the following:

- Chronic obstructive pulmonary disease: pulmonologist or allergist/immunologist
- Chronic spontaneous urticaria: allergist/immunologist or dermatologist
- Immune checkpoint inhibitor-related toxicity and bullous pemphigoid: dermatologist, hematologist, or oncologist

Coverage Criteria

Chronic Obstructive Pulmonary Disease (COPD)

Authorization of 12 months may be granted for members 18 years of age or older who have previously received a biologic drug indicated for COPD in the past year.

OR

Authorization of 12 months may be granted for treatment of COPD in members 18 years of age or older when ALL of the following criteria are met:

- Diagnosis has been confirmed by spirometry showing forced expiratory volume in one second (FEV₁)/forced vital capacity (FVC) less than 0.7 post-bronchodilation.
- Member demonstrates classic signs or symptoms of COPD (e.g., dyspnea, wheezing, chest tightness, fatigue, activity limitation, cough with or without sputum production, chronic bronchitis).
- Member has an absolute blood eosinophil count of at least 300 cells per microliter prior to initiating therapy with the requested medication.
- Member has inadequately controlled COPD as demonstrated by experiencing EITHER of the following in the last year:
 - At least two moderate exacerbations resulting in treatment with systemic glucocorticoids, antibiotics, or both.
 - One or more severe exacerbation(s) requiring hospitalization or an emergency medical care visit.
- Member meets EITHER of the following:
 - Member is currently receiving maintenance inhaled triple therapy (i.e., inhaled corticosteroid [ICS], long-acting muscarinic antagonist [LAMA], and long-acting beta₂-agonist [LABA]).
 - Member is currently receiving a LAMA and LABA and has a contraindication to ICS.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Dupixent

Page: 4 of 12

Effective Date: 10/16/2025

Last Review Date: 9/10/2025

Applies to: New Jersey

- Member will continue to use maintenance COPD treatments (e.g., ICS with LAMA and LABA, LAMA and LABA) in combination with the requested medication.

Chronic Spontaneous Urticaria (CSU)

Authorization of 6 months may be granted for members 12 years of age or older who have previously received a biologic drug indicated for CSU in the past year.

OR

Authorization of 6 months may be granted for treatment of CSU in members 12 years of age or older when ALL of the following criteria are met:

- Member remains symptomatic despite treatment with up-dosing (in accordance with EAACI/GA2LEN/EuroGuiDerm/APAAACI guidelines) of a second-generation H1 antihistamine (e.g., cetirizine, fexofenadine, levocetirizine, loratadine) for at least 2 weeks.
- Member has been evaluated for other causes of wheals (hives) and/or angioedema, including bradykinin-related angioedema and interleukin-1-associated urticarial syndromes (auto-inflammatory disorders, urticarial vasculitis).
- Member has experienced a spontaneous onset of wheals (hives), angioedema, or both, for at least 6 weeks.

Immune Checkpoint Inhibitor-Related Toxicities

- Authorization of 12 months may be granted for treatment of immune checkpoint inhibitor-related toxicity when the requested medication will be used for severe (G3) pruritus if no response to gabapentinoids in one month.

OR

- Authorization of 12 months may be granted for treatment of immune checkpoint inhibitor-related toxicity when the requested medication will be used as additional therapy for severe (G3) or life-threatening (G4) bullous dermatitis.

Bullous Pemphigoid

Authorization of 12 months may be granted for treatment of bullous pemphigoid in members 18 years of age or older when ALL of the following criteria are met:

- Diagnosis has been confirmed by EITHER of the following:
 - Direct immunofluorescence (DIF) study
 - Immune serological test(s) (e.g., Indirect immunofluorescence microscopy [IIF], ELISA)
- Member demonstrates characteristic clinical features of bullous pemphigoid (e.g., urticarial or eczematous or erythematous plaques, bullae, pruritus).
- Member has moderate to severe disease.
- Member meets EITHER of the following:



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Dupixent

Page: 5 of 12

Effective Date: 10/16/2025

Last Review Date: 9/10/2025

Applies to: New Jersey

- Member has had an inadequate treatment response with EITHER of the following:
 - A super-high potency topical corticosteroid (see Appendix A)
 - An oral corticosteroid
- The use of super-high potency topical corticosteroid or oral corticosteroid is not advisable for the member (e.g., contraindications, prior intolerances).

Continuation of Therapy

Chronic Obstructive Pulmonary Disease (COPD)

Authorization of 12 months may be granted for continuation of treatment of COPD in members 18 years of age or older when BOTH of the following criteria are met:

- Member has achieved or maintained a positive clinical response as evidenced by improvement in signs and symptoms of COPD (e.g., decrease in exacerbations, improvement in pre-bronchodilator FEV₁) or stabilization of disease.
- Member will continue to use maintenance COPD treatments (e.g., ICS with LAMA and LABA, LAMA and LABA) in combination with the requested medication.

Chronic Spontaneous Urticaria

Authorization of 12 months may be granted for continuation of treatment of chronic spontaneous urticaria in members 12 years of age or older, when the member has experienced a positive clinical response (e.g., improved symptoms, decrease in weekly urticaria activity score [UAS7]) since initiation of therapy).

Immune Checkpoint Inhibitor-Related Toxicities

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for immune checkpoint inhibitor-related severe (G3) pruritus, severe (G3) or life-threatening (G4) bullous dermatitis, and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Bullous Pemphigoid

Authorization of 12 months may be granted for continuation of treatment of bullous pemphigoid in members 18 years of age or older, when the member has achieved or maintained a positive clinical response as evidenced by EITHER of the following:

- Low disease activity (e.g., absence of new or established lesions)
- Reduction in pruritus intensity and improvement in extent and severity of lesions

Other

For all indications: Member cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug for the same indication.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Dupixent

Page: 6 of 12

Effective Date: 10/16/2025

Last Review Date: 9/10/2025

Applies to: New Jersey

Note: If the member is a current smoker or vaper, they should be counseled on the harmful effects of smoking and vaping on pulmonary conditions and available smoking and vaping cessation options.

Appendix

Appendix A: Table. Relative potency of select topical corticosteroid products

Potency	Drug	Dosage form	Strength
Super-high potency (Group 1)	Augmented betamethasone dipropionate	Ointment, Lotion, Gel	0.05%
Super-high potency (Group 1)	Clobetasol propionate	Cream, Gel, Ointment, Solution, Cream (emollient), Lotion, Shampoo, Foam, Spray	0.05%
Super-high potency (Group 1)	Fluocinonide	Cream	0.1%
Super-high potency (Group 1)	Flurandrenolide	Tape	4 mcg/cm ²
Super-high potency (Group 1)	Halobetasol propionate	Cream, Lotion, Ointment, Foam	0.05%
High potency (Group 2)	Amcinonide	Ointment	0.1%
High potency (Group 2)	Augmented betamethasone dipropionate	Cream	0.05%
High potency (Group 2)	Betamethasone dipropionate	Ointment	0.05%
High potency (Group 2)	Clobetasol propionate	Cream	0.025%
High potency (Group 2)	Desoximetasone	Cream, Ointment, Spray	0.25%
High potency (Group 2)	Desoximetasone	Gel	0.05%
High potency (Group 2)	Diflorasone diacetate	Ointment, Cream (emollient)	0.05%
High potency (Group 2)	Fluocinonide	Cream, Ointment, Gel, Solution	0.05%



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Dupixent

Page: 7 of 12

Effective Date: 10/16/2025

Last Review Date: 9/10/2025

Applies to: New Jersey

Potency	Drug	Dosage form	Strength
High potency (Group 2)	Halcinonide	Cream, Ointment	0.1%
High potency (Group 2)	Halobetasol propionate	Lotion	0.01%
High potency (Group 3)	Amcinonide	Cream, Lotion	0.1%
High potency (Group 3)	Betamethasone dipropionate	Cream, hydrophilic emollient	0.05%
High potency (Group 3)	Betamethasone valerate	Ointment	0.1%
High potency (Group 3)	Betamethasone valerate	Foam	0.12%
High potency (Group 3)	Desoximetasone	Cream, Ointment	0.05%
High potency (Group 3)	Diflorasone diacetate	Cream	0.05%
High potency (Group 3)	Fluocinonide	Cream, aqueous emollient	0.05%
High potency (Group 3)	Fluticasone propionate	Ointment	0.005%
High potency (Group 3)	Mometasone furoate	Ointment	0.1%
High potency (Group 3)	Triamcinolone acetonide	Cream, Ointment	0.5%
Medium potency (Group 4)	Betamethasone dipropionate	Spray	0.05%
Medium potency (Group 4)	Clocortolone pivalate	Cream	0.1%
Medium potency (Group 4)	Fluocinolone acetonide	Ointment	0.025%
Medium potency (Group 4)	Flurandrenolide	Ointment	0.05%
Medium potency (Group 4)	Hydrocortisone valerate	Ointment	0.2%



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Dupixent

Page: 8 of 12

Effective Date: 10/16/2025

Last Review Date: 9/10/2025

Applies to: New Jersey

Potency	Drug	Dosage form	Strength
Medium potency (Group 4)	Mometasone furoate	Cream, Lotion, Solution	0.1%
Medium potency (Group 4)	Triamcinolone acetonide	Cream	0.1%
Medium potency (Group 4)	Triamcinolone acetonide	Ointment	0.05% and 0.1%
Medium potency (Group 4)	Triamcinolone acetonide	Aerosol Spray	0.2 mg per 2-second spray
Lower-mid potency (Group 5)	Betamethasone dipropionate	Lotion	0.05%
Lower-mid potency (Group 5)	Betamethasone valerate	Cream	0.1%
Lower-mid potency (Group 5)	Desonide	Ointment, Gel	0.05%
Lower-mid potency (Group 5)	Fluocinolone acetonide	Cream	0.025%
Lower-mid potency (Group 5)	Flurandrenolide	Cream, Lotion	0.05%
Lower-mid potency (Group 5)	Fluticasone propionate	Cream, Lotion	0.05%
Lower-mid potency (Group 5)	Hydrocortisone butyrate	Cream, Lotion, Ointment, Solution	0.1%
Lower-mid potency (Group 5)	Hydrocortisone probutate	Cream	0.1%
Lower-mid potency (Group 5)	Hydrocortisone valerate	Cream	0.2%



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Dupixent

Page: 9 of 12

Effective Date: 10/16/2025

Last Review Date: 9/10/2025

Applies to: New Jersey

Potency	Drug	Dosage form	Strength
Lower-mid potency (Group 5)	Prednicarbate	Cream (emollient), Ointment	0.1%
Lower-mid potency (Group 5)	Triamcinolone acetonide	Lotion	0.1%
Lower-mid potency (Group 5)	Triamcinolone acetonide	Ointment	0.025%
Low potency (Group 6)	Alclometasone dipropionate	Cream, Ointment	0.05%
Low potency (Group 6)	Betamethasone valerate	Lotion	0.1%
Low potency (Group 6)	Desonide	Cream, Lotion, Foam	0.05%
Low potency (Group 6)	Fluocinolone acetonide	Cream, Solution, Shampoo, Oil	0.01%
Low potency (Group 6)	Triamcinolone acetonide	Cream, lotion	0.025%
Least potent (Group 7)	Hydrocortisone (base, greater than or equal to 2%)	Cream, Ointment, Solution	2.5%
Least potent (Group 7)	Hydrocortisone (base, greater than or equal to 2%)	Lotion	2%
Least potent (Group 7)	Hydrocortisone (base, less than 2%)	Cream, Ointment, Gel, Lotion, Spray, Solution	1%
Least potent (Group 7)	Hydrocortisone (base, less than 2%)	Cream, Ointment	0.5%
Least potent (Group 7)	Hydrocortisone acetate	Cream	2.5%
Least potent (Group 7)	Hydrocortisone acetate	Lotion	2%
Least potent (Group 7)	Hydrocortisone acetate	Cream	1%

Appendix B: Examples of Clinical Reasons to Avoid Pharmacologic Treatment with Methotrexate or Cyclosporine

- Clinical diagnosis of alcohol use disorder, alcoholic liver disease or other chronic liver disease



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Dupixent Page: 10 of 12

Effective Date: 10/16/2025 Last Review Date: 9/10/2025

Applies to: New Jersey

- Drug interaction
- Risk of treatment-related toxicity
- Pregnancy or currently planning pregnancy
- Breastfeeding
- Significant comorbidity prohibits use of systemic agents (e.g., liver or kidney disease, blood dyscrasias, uncontrolled hypertension)
- Hypersensitivity
- History of intolerance or adverse event

Approval Duration and Quantity Restrictions:

Approval:

- Initial: COPD and Immune checkpoint inhibitor-related toxicity = 12 months; CSU = 6 months
- Renewal: 12 months

Quantity Level Limit:

Dupixent 200 mg / 1.14 mL pre-filled syringe / pen:	2 syringes/pens per 28 days
Dupixent 300 mg / 2 mL prefilled syringe/pen:	4 syringes/pens per 28 days
Dupixent 100 mg / 0.67 mL prefilled syringe:	2 syringes per 28 days

NOTE: Quantity approved with requests will be based upon FDA-approved dosage.

References:

1. Dupixent [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; June 2025.
2. Sidbury R, Alikhan A, Bercovitch L, et al. Guidelines of care for the management of atopic dermatitis in adults with topical therapies. *J Am Acad Dermatol.* 2023;89(1):e1-e20.
3. Simpson EL, Bieber T, Guttman-Yassky E, et al. Two phase 3 trials of dupilumab versus placebo in atopic dermatitis. *N Engl J Med.* 2016;375:2335-2348.
4. Castro M, Corren J, Pavord ID, et al. Dupilumab Efficacy and Safety in Moderate-to-Severe Uncontrolled Asthma. *N Engl J Med.* 2018;378(26):2486-2496.
5. Rabe KF, Nair P, Brusselle G, et al. Efficacy and Safety of Dupilumab in Glucocorticoid-Dependent Severe Asthma. *N Engl J Med.* 2018;378(26):2475-2485.
6. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2024 update. Available at: https://ginasthma.org/wp-content/uploads/2024/05/GINA-2024-Strategy-Report-24_05_22_WMS.pdf. Accessed March 1, 2025.
7. Topical Corticosteroids. Drug Facts and Comparisons. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health Inc; July 18, 2024. Accessed November 9, 2024.
8. ClinicalTrials.gov. National Library of Medicine (US). Identifier NCT02912468. A Controlled Clinical Study of Dupilumab in Patients with Nasal Polyps (SINUS-24) 2016 Sep 23. Available from: <https://clinicaltrials.gov/ct2/show/NCT02912468>.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Dupilixent	Page:	11 of 12
Effective Date:	10/16/2025	Last Review Date:	9/10/2025
Applies to:	<input checked="" type="checkbox"/> New Jersey		

9. ClinicalTrials.gov. National Library of Medicine (US). Identifier NCT02898454. A Controlled Clinical Study of Dupilumab in Patients with Nasal Polyps (SINUS-52) 2016 Sep 13. Available from: <https://clinicaltrials.gov/ct2/show/NCT02898454>.
10. Fishbein AB, Silverberg JI, Wilson EJ, et al. Update on atopic dermatitis: Diagnosis, severity assessment, and treatment selection. *J Allergy Clin Immunol Pract*. 2020;8(1): 91-101.
11. Cloutier MM, Dixon AE, Krishnan JA, et al. Managing asthma in adolescents and adults: 2020 asthma guideline update from the National Asthma Education and Prevention Program. *JAMA*. 2020;324(22): 2301-2317.
12. Bachert C, Han JK, Wagenmann M, et al. EUFOREA expert board meeting on uncontrolled severe chronic rhinosinusitis with nasal polyps (CRSwNP) and biologics: Definitions and management. *J Allergy Clin Immunol*. 2021;147(1):29-36.
13. Lucendo AJ, Molina-Infante J, Arias A, et al. Guidelines on eosinophilic esophagitis: evidence-based statements and recommendations for diagnosis and management in children and adults. *United European Gastroenterol J*. 2017;5(3):355-358.
14. Gonsalves NP, Aceves S. Diagnosis and treatment of eosinophilic esophagitis. *J Allergy Clin Immunol*. 2020;145(1):1-7.
15. ClinicalTrials.gov. National Library of Medicine (US). Identifier NCT03633617. Study to determine the efficacy and safety of Dupilumab in Adult and Adolescent Patients with Eosinophilic Esophagitis (EoE) 2022 May 27. Available from: <https://clinicaltrials.gov/ct2/show/NCT03633617>.
16. ClinicalTrials.gov. National Library of Medicine (US). Identifier NCT03346434. Safety, Pharmacokinetics and Efficacy of Dupilumab in Patients ≥6 months to <6 years with Moderate-to-Severe Atopic Dermatitis (Liberty AD PRESCHOOL) 2022 Jun 10. Available from: <https://clinicaltrials.gov/ct2/show/NCT03346434>.
17. Fokkens WJ, Lund VJ, Hopkins C, et al. European Position Paper on Rhinosinusitis and Nasal Polyps 2020. *Rhinology*. 2020;58(Suppl S29):1-464.
18. Hopkins C. Chronic Rhinosinusitis with Nasal Polyps. *N Engl J Med*. 2019;381(1):55-63.
19. ClinicalTrials.gov. National Library of Medicine (US). Identifier NCT04183335. Study of Dupilumab for the Treatment of Patients With Prurigo Nodularis, Inadequately Controlled on Topical Prescription Therapies or When Those Therapies Are Not Advisable (LIBERTY-PN PRIME). 2022 February 17. Available from: <https://clinicaltrials.gov/ct2/show/NCT04183335>.
20. ClinicalTrials.gov. National Library of Medicine (US). Identifier NCT04202679. Study of Dupilumab for the Treatment of Patients With Prurigo Nodularis, Inadequately Controlled on Topical Prescription Therapies or When Those Therapies Are Not Advisable (PRIME2). 2022 September 28. Available from: <https://clinicaltrials.gov/ct2/show/NCT04202679>.
21. Ständer HF, Elmariah S, Zeidler C, et al. Diagnostic and treatment algorithm for chronic nodular prurigo. *J Am Acad Dermatol*. 2020;82(2):460-468.
22. Elmariah S, Kim B, Berger T, et al. Practical approaches for diagnosis and management of prurigo nodularis: United States expert panel consensus. *J Am Acad Dermatol*. 2021;84(3):747-760.
23. Cyclosporine. Drug Facts and Comparisons. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health Inc; November 6, 2024. Accessed November 10, 2024.
24. Methotrexate. Drug Facts and Comparisons. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health Inc; November 7, 2024. Accessed November 10, 2024.
25. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed March 3, 2025.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Dupilixent	Page:	12 of 12
Effective Date:	10/16/2025	Last Review Date:	9/10/2025
Applies to:	<input checked="" type="checkbox"/> New Jersey		

26. NCCN Clinical Practice Guidelines in Oncology® (NCCN Guidelines®). Management of Immune Checkpoint-Related Toxicities. Version 1.2025. Available at: www.nccn.org. Accessed March 3, 2025.
27. ClinicalTrials.gov. National Library of Medicine (US). Identifier NCT04394351. Study to Investigate the Efficacy and Safety of Dupilumab in Pediatric Patients With Active Eosinophilic Esophagitis (EoE) (EoE KIDS). 2023 June 05. Available from: <https://clinicaltrials.gov/ct2/show/NCT04394351>.
28. Lucendo AJ, Sánchez-Cazalilla M. Adult versus pediatric eosinophilic esophagitis: important differences and similarities for the clinician to understand. *Expert Rev Clin Immunol*. 2012;8(8):733-45.
29. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease (2024 Report). Available at: <https://goldcopd.org/2024-gold-report/>. Accessed March 2025.
30. Bhatt SP, Rabe KF, Hanania NA, et al. Dupilumab for COPD with Type 2 Inflammation Indicated by Eosinophil Counts. *N Engl J Med*. 2023;389(3):205-214.
31. ClinicalTrials.gov. National Library of Medicine (US). Identifier NCT04456673. Pivotal Study to Assess the Efficacy, Safety and Tolerability of Dupilumab in Patients with Moderate to Severe COPD with Type 2 Inflammation (NOTUS). Last updated October 15, 2024. Accessed 2025 March 12. Available from: <https://clinicaltrials.gov/ct2/show/NCT04456673>.
32. Dellon E, Muir AB, Katzka DA, et al. ACG Clinical Guideline: Diagnosis and Management of Eosinophilic Esophagitis. *AJC*. 2025;120(1):p31-59.
33. Rank MA, Chu DK, Bognanni A, et al. The Joint Task Force on Practice Parameters GRADE guidelines for the medical management of chronic rhinosinusitis with nasal polyposis. *J Allergy Clin Immunol*. 2023 Feb;151(2):386-398.
34. Zuberbier T, Abdul Latiff AH, Abuzakouk M, et al. The international EAACI/GA²LEN/EuroGuiDerm/APAAACI guideline for the definition, classification, diagnosis, and management of urticaria. *Allergy*. 2022 Mar;77(3):734-766.
35. Bernstein DI, Blessing-Moore J, Cox L, et al. The diagnosis and management of acute and chronic urticaria: 2014 update. American Academy of Allergy, Asthma & Immunology Practice Parameter. <http://www.aaaai.org/practice-resources/statements-and-practice-parameters/practice-parameter-guidelines.aspx>. Accessed April 23, 2025.
36. Borradori L, Van Beek N, Feliciani C, et al. Updated S2 K guidelines for the management of bullous pemphigoid initiated by the European Academy of Dermatology and Venereology (EADV). *J Eur Acad Dermatol Venereol*. 2022 Oct;36(10):1689-1704.
37. ClinicalTrials.gov. National Library of Medicine (US). Identifier NCT04206553. A Study to Evaluate the Efficacy and Safety of Dupilumab in Adult Patients With Bullous Pemphigoid (LIBERTY-BP). Last updated February 6, 2025. Accessed 2025 July 1. Available from: <https://clinicaltrials.gov/study/NCT04206553>.
38. Murrell DF, Joly P, Werth VP, et al. Study Design of a Phase 2/3 Randomized Controlled Trial of Dupilumab in Adults with Bullous Pemphigoid: LIBERTY-BP ADEPT. *Adv Ther*. 2024 Jul;41(7):2991-3002.