Dupilumab (DUPIXENT) in Bullous Pemphigoid
Criteria for Use
November 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

Exclusion Criteria

If ANY of the following are selected, the patient will NOT meet criteria for dupilumab in bullous pemphigoid.

- ☐ Concurrent use of live (attenuated) vaccines or treatment with live (attenuated) vaccines within the previous 4 weeks.
- ☐ Concurrent use with therapeutic biologics unless potential risk-benefits favor use.
- ☐ Untreated parasitic (helminth) infection.

Inclusion Criteria

The following criteria must be selected to meet criteria

- ☐ Prescribed by a VA / VA Community Care dermatologist or other designated expert in the management of bullous pemphigoid *in consultation with* a VA / VA Community Care dermatologist.
- ☐ Medications potentially implicated as causing bullous pemphigoid have been discontinued or switched if clinically possible (but this should not necessarily delay initiation of therapy).^1

AND ONE of the following must be selected to meet criteria

- ☐ Documented biopsy and/or serology-confirmed, moderate–severe bullous pemphigoid with moderate–very severe pruritus^2 AND concomitant tapering course of oral corticosteroids unless medically inadvisable.^3
- ☐ Documented mild bullous pemphigoid AND had an inadequate response (after ≥ 4 weeks), intolerance, or medical inadvisability to either high potency topical corticosteroids or oral corticosteroids and either **doxycycline/**tetracycline or **dapsone**.

Additional Inclusion Criteria

Select if applicable.

- ☐ For females who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception during therapy.
- ☐ For females who are lactating/providing breastmilk to an infant: Counseling provided on the potential risks vs benefits of treatment.

Other Justification

- ☐ _____

Footnotes

1 Examples of medications causally associated with bullous pemphigoid: dipeptidyl peptidase-4 inhibitors/DPP-4is/gliptins and immune checkpoint inhibitors/ICIs; also, aldosterone antagonists, anticholinergics, and dopaminergic medications. Efficacy of dupilumab for drug-induced bullous pemphigoid is unknown.

2 Bullous pemphigoid may manifest with or without blisters and with or without mucosal involvement. Disease and pruritus severity should be based on the dermatologist's comprehensive assessment. Serologic confirmation refers to serum tests using indirect immunofluorescence (IIF) assay and/or enzyme-linked immunosorbent assay (ELISA).

3 Once disease is controlled, oral corticosteroids should be slowly tapered, and dupilumab may be continued as monotherapy.

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