



TO: Hospitals, Physicians, Physician Assistants, Advanced Practice Registered Nurses

RE: Dupixent Coverage

Effective for dates of service, April 1, 2026, and forward, claims submitted for Dupixent as a professional or outpatient hospital claim will be denied. Dupixent has been and will continue to be covered under the Connecticut Medical Assistance Program's (CMAP) Pharmacy benefit.

For dates of service, April 1, 2026, and forward, providers must make plans to obtain Dupixent through the appropriate pharmacy benefit to limit disruptions to care. Professional or outpatient hospital claims submitted on or after 4/1/2026 for Dupixent will be denied and the following EOB will post EOB 9012 – NDC BILLED RESTRICTED TO PHARAMCY COVERAGE.

Several enrolled providers have been receiving reimbursement for Dupixent on a professional or outpatient hospital claim when the medication is submitted under one of the unclassified physician administered drug procedure codes: J3590 (Unclassified biologics) or C9399 (Unclassified drugs or biologicals).

Dupixent has not been assigned a permanent physician administered drug procedure code and has an established policy under the CMAP pharmacy benefit. Refer to [Provider Bulletin 2025-63](#) 1. *Removal of Prior Authorization (PA) Requirement for Adbry, Dupixent, Fasenra, and Xolair* 2. *Diagnosis Code Requirement for Adbry, Dupixent, Ebglyss, Fasenra, Tezspire, and Xolair*.

Please note this guidance does not impact claims that crossover from Medicare. For individuals who are covered by Medicare, providers must continue to follow Medicare policy and billing guidance.

Additionally, this PB does not impact claims submission **for the administration** of Dupixent in the office and outpatient setting by licensed and enrolled practitioners operating within their scope of practice. Claims for the medically necessary **administration of Dupixent** may continue to be submitted to CMAP by the enrolled licensed practitioner.