



Characteristics of pediatric patients prescribed dupilumab for eosinophilic esophagitis at a single academic medical center

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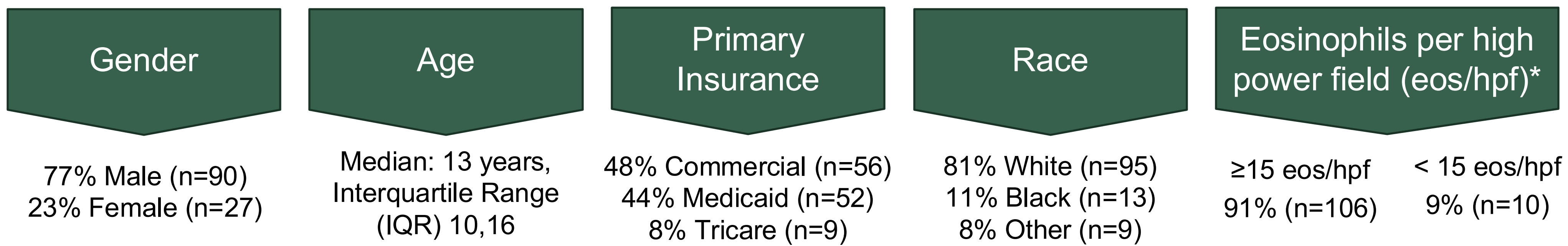
Purpose

Describe a pediatric population prescribed dupilumab for eosinophilic esophagitis (EoE) and evaluate factors that affected time to insurance approval

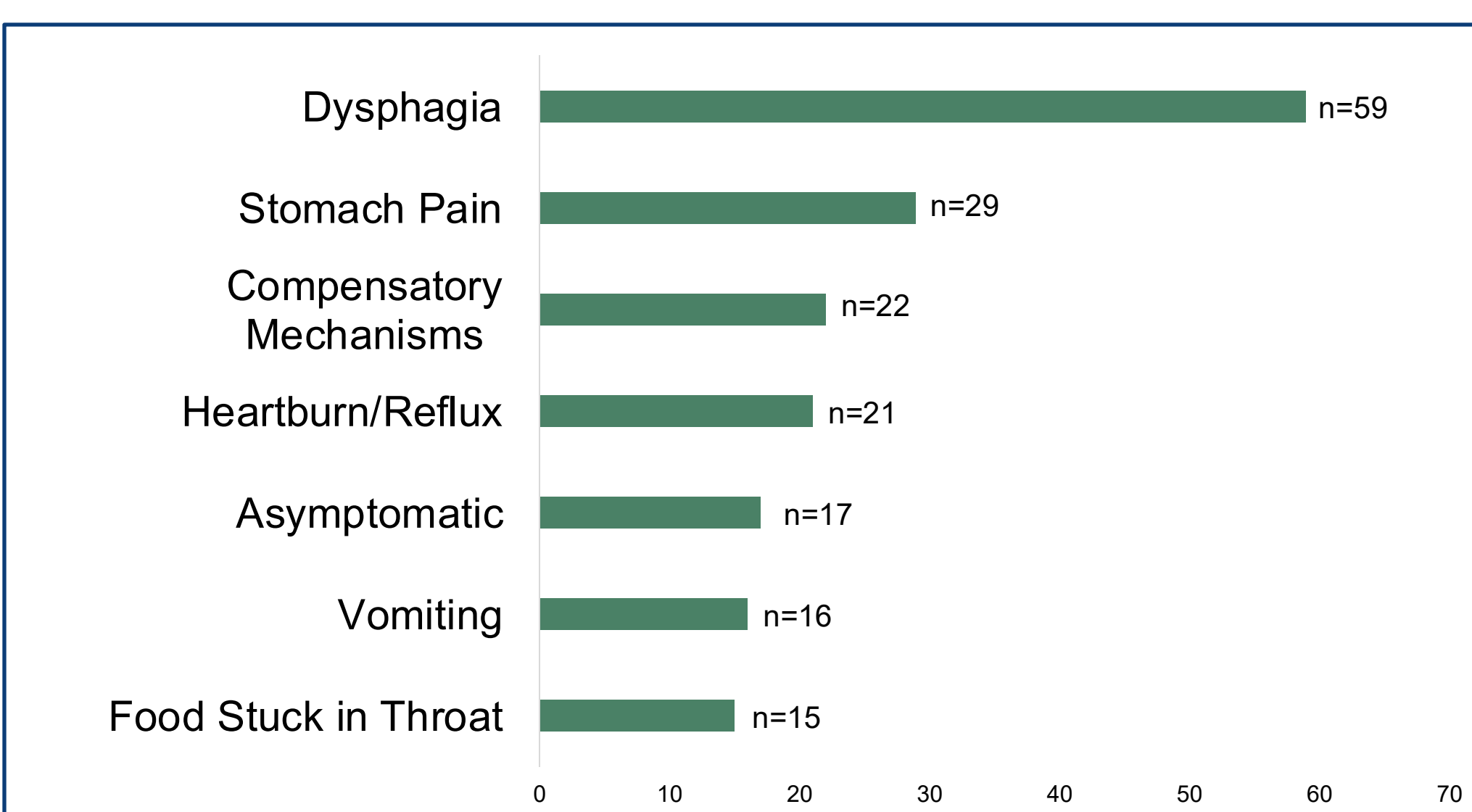
Methods

Design Single-center retrospective cohort in the Southeast United States
Inclusion Pediatric patients prescribed dupilumab for EoE from pediatric gastroenterology clinics from February 1, 2023 to August 1, 2024
Exclusion Patients 18 years or older
Outcomes
Primary Outcome: Time from dupilumab referral to insurance approval
 • Wilcoxon Rank Sum test: time to approval between patients with vs. without initial insurance denial
 • Multivariable logistic regression: relationship between insurance denial and dysphagia
 • Covariates: dysphagia, insurance type, weight Z-score
 • Cox proportional hazards model: factors associated with time to insurance approval
 • Variables: dysphagia, insurance type, weight Z-score
Secondary Outcomes
 • Descriptive statistics

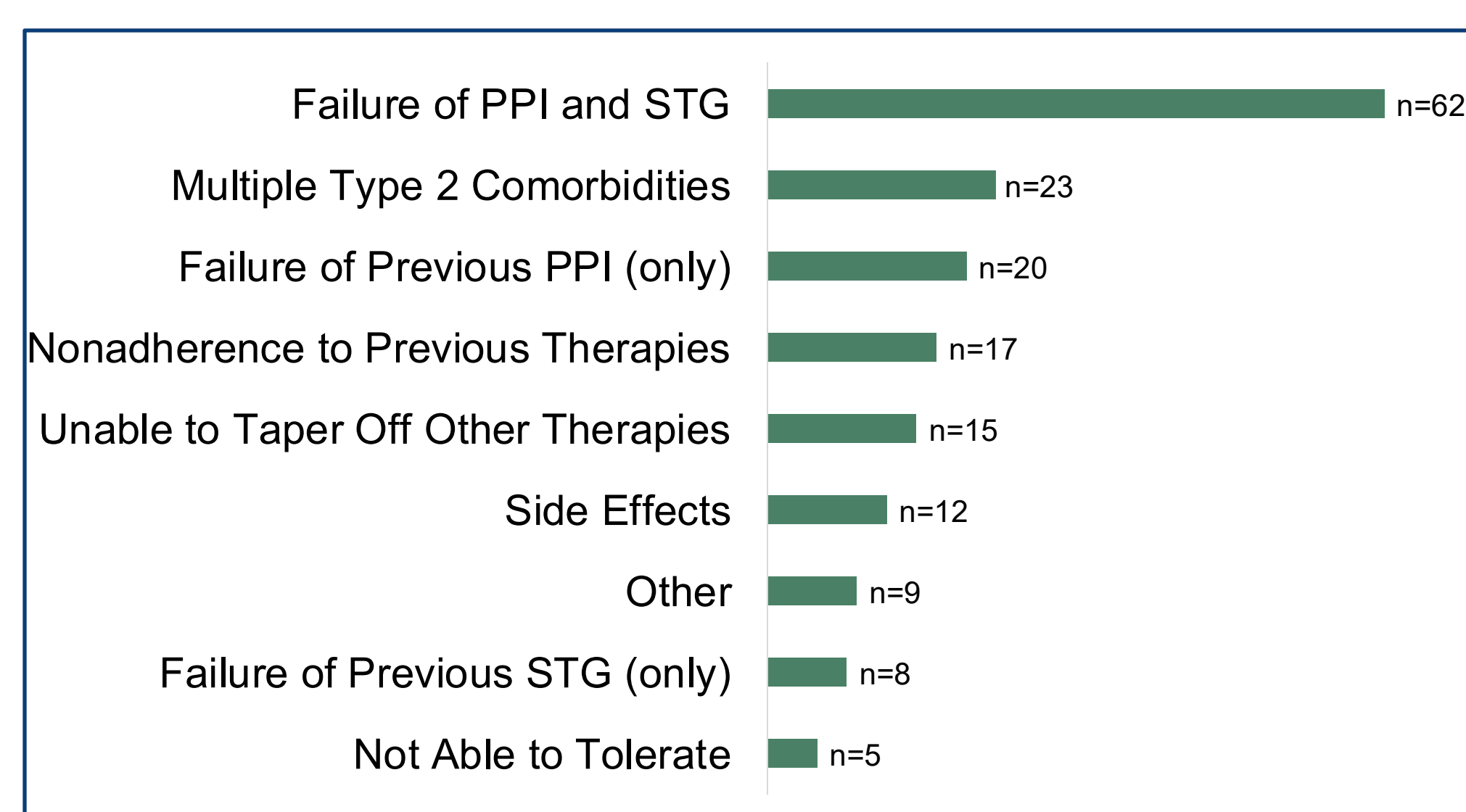
Baseline Demographics (N=117)



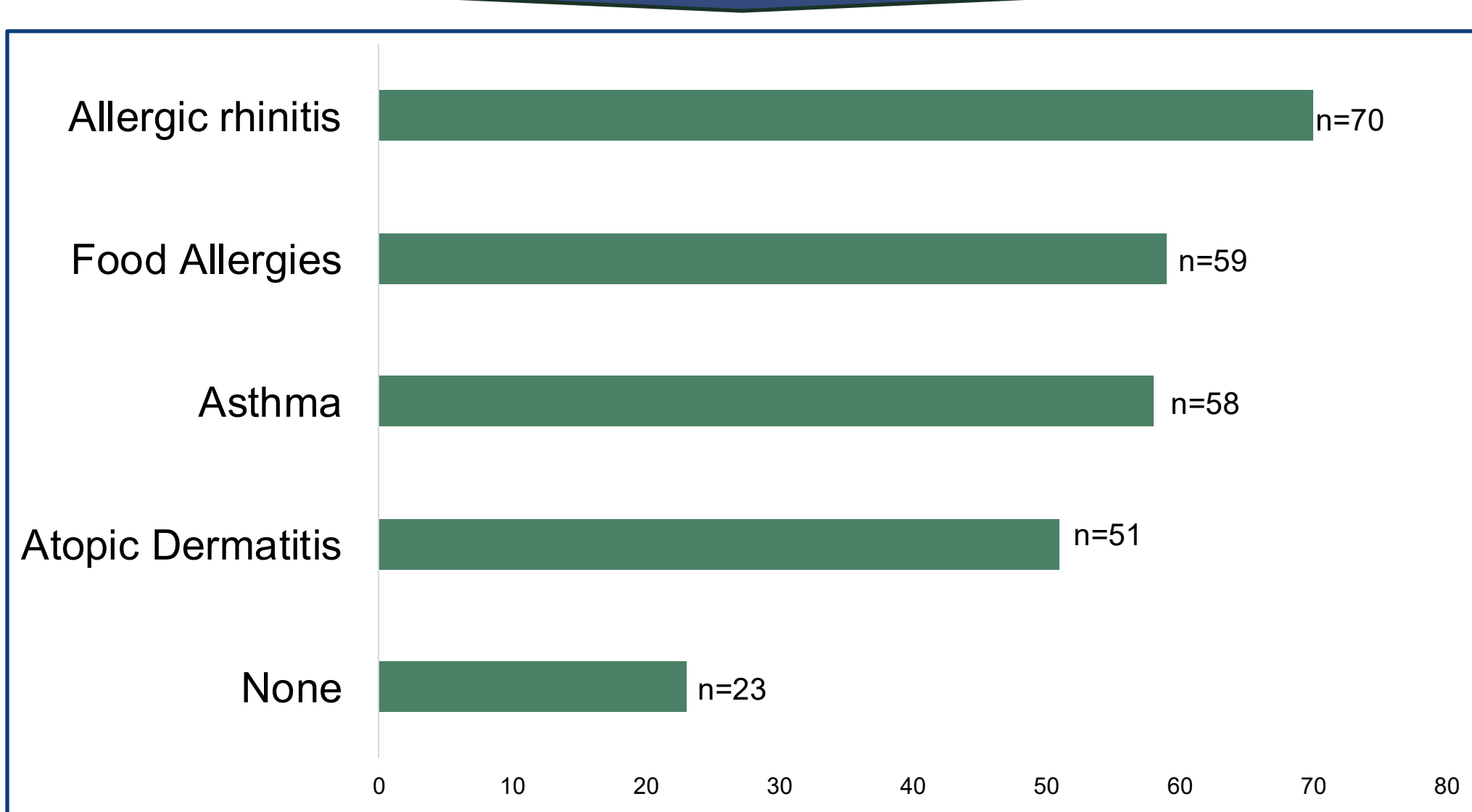
Signs and Symptoms



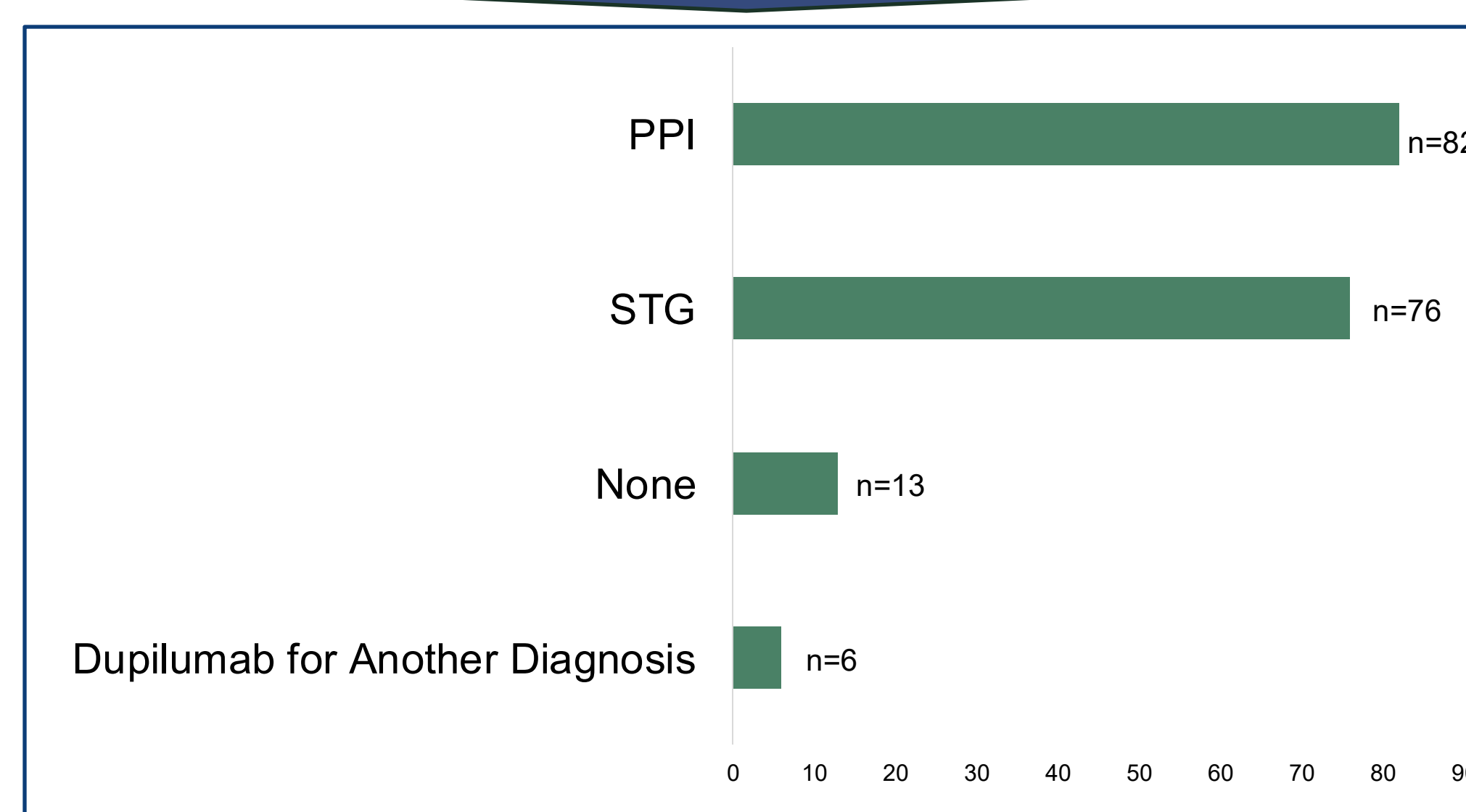
Reasons for Starting Dupilumab



Comorbid Conditions



Medications at Initiation



CONCLUSIONS

- Most common reasons for initial insurance denial were below FDA-approved age or weight and frequency of dysphagia
- Patients with dysphagia were significantly more likely to receive insurance approval sooner
- Most patients discontinued STG and continued their PPI when starting dupilumab

Results

Figure 1. Time to Medication Access

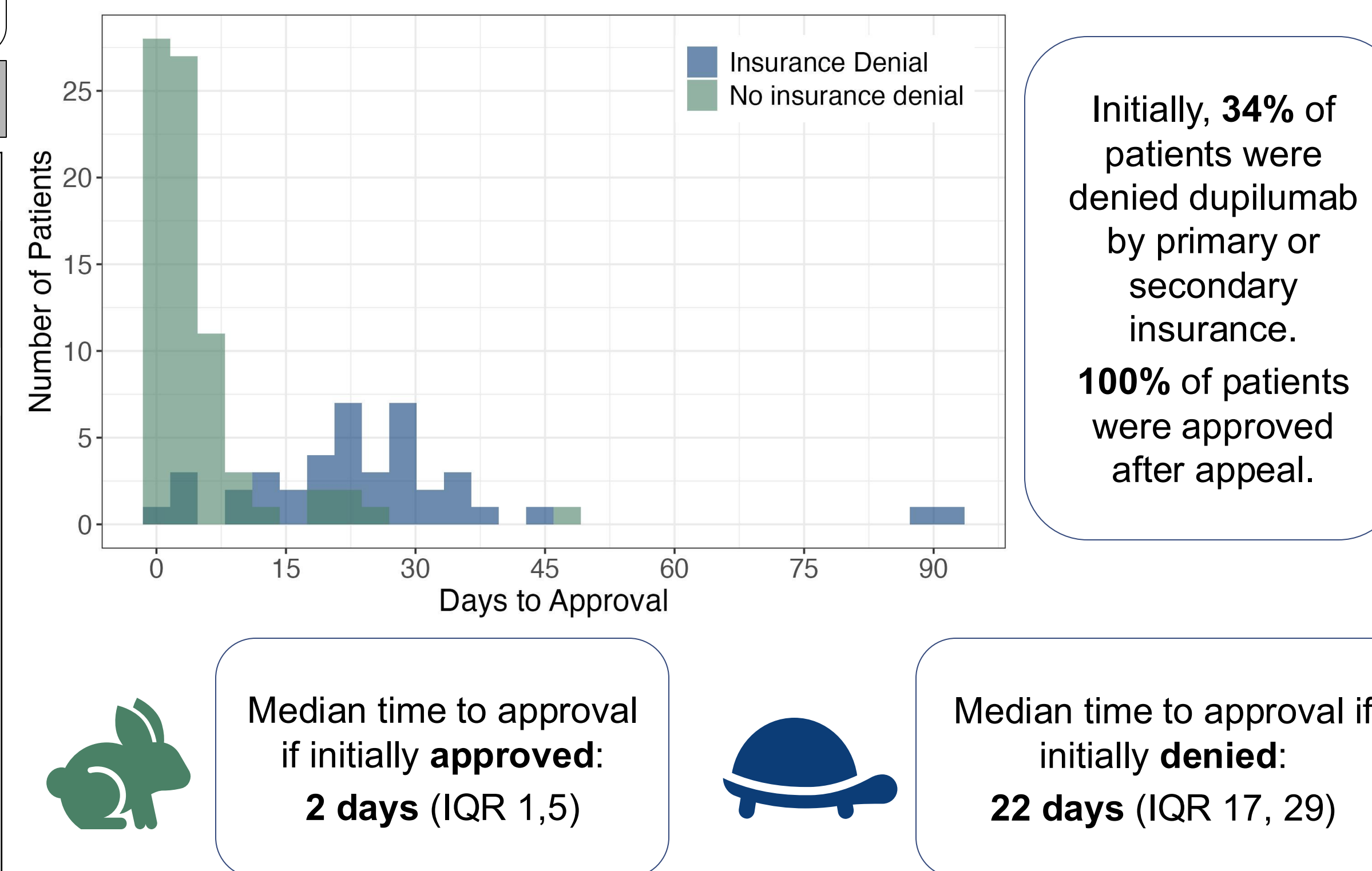


Table 2. Reasons for Initial Insurance Denial

Category	N=40 N (%)
Below FDA-approved age or weight (appropriate)	18 (45%)
Frequency of dysphagia	15 (38%)
Below FDA-approved age or weight (inappropriate)*	6 (15%)
Have not failed STG	5 (12%)
In remission on current therapies	3 (8%)
Have not tried elimination diet	1 (2%)
Have not failed PPI	1 (2%)
Exceeds quantity limit	1 (2%)

*Patient was the FDA-approved age or weight; reasons for insurance denial are not mutually exclusive

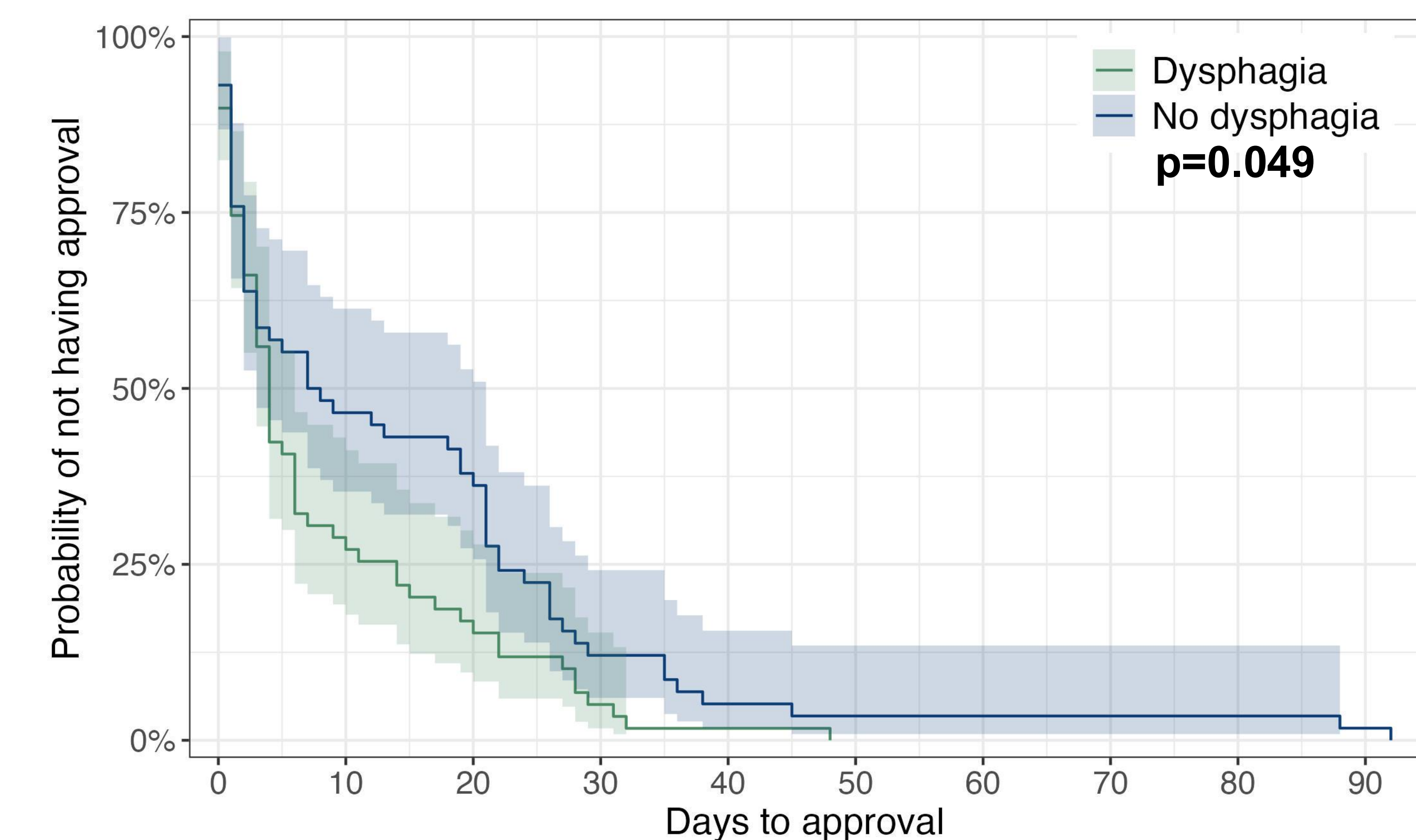
Table 2. Factors Associated with Insurance Denial

	Odds Ratio 95% Confidence Interval	p-value
Dysphagia	0.48 (0.22-1.06)	0.070
Government Insurance	1.41 (0.63-3.14)	0.400
Weight Z-score	0.86 (0.64-1.15)	0.302

Table 3. Factors Associated with Time to Insurance Approval

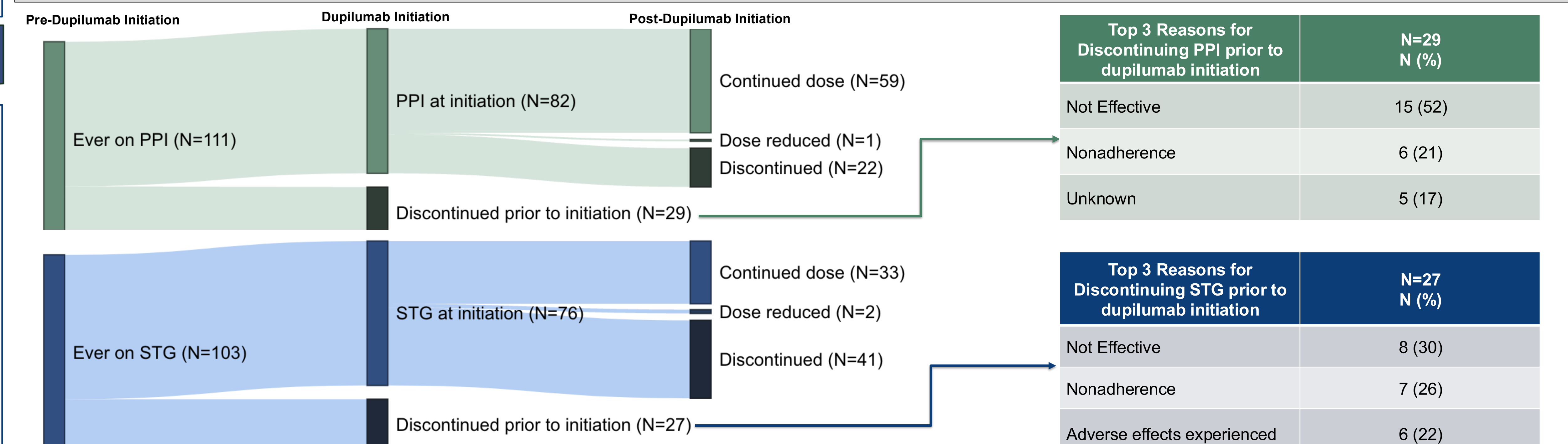
	Hazard Ratio 95% Confidence Interval	p-value
Dysphagia	1.46 (1.00-2.12)	0.049
Government Insurance	1.06 (0.72-1.55)	0.762
Weight Z-score	1.03 (0.88-1.20)	0.728

Figure 2. Time to Medication Access by Dysphagia Status



Patients with dysphagia at baseline were **less likely to be denied** and **significantly more likely to receive insurance approval sooner**

Figure 3. Concomitant Medications



*Concomitant medication changes are not mutually exclusive

*Proton pump inhibitor (PPI); Swallowed topical glucocorticoids (STG)