

Prior Authorization (PA) Checklist

for Patients With Atopic Dermatitis (AD)

Payers often require certain information to process a PA request for drug coverage. This checklist will help you capture common necessary information from your patient to facilitate the processing of a PA request to the payer.

Clinical Records

- ICD-10 Diagnosis Code. See codes for AD below

Coding is a clinical decision; ensure you are coding to the highest level of specificity. The codes shown below are only suggestions and may vary by patient.

ICD-10 Code ¹	Description ¹
L20.8	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified

- Age of patient

- Chart notes/documentation of diagnosis, including disease severity
 - Body location (i.e., head, hands, feet, face, and genital area)
 - Body surface area involvement (<10% or ≥10%)
 - Severity of disease (moderate or severe)
 - IGA score of 3 (moderate disease) or 4 (severe disease), if required by payer
 - Quality of life impact
 - For continuation of therapy or reauthorization, documentation of improvement may be requested

ICD-10, International Classification of Diseases, Tenth Revision; IGA, Investigator's Global Assessment Scale.

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Treatment History

Payers often require trial and failure of certain prescription drug products or over-the-counter drugs prior to approving coverage for AD treatment.

- List **all** products the patient has tried and failed. See examples below:

Examples of Previous Treatments	Required Information
<ul style="list-style-type: none">□ Phototherapy□ Topicals<ul style="list-style-type: none">○ Topical corticosteroids○ Topical calcineurin inhibitors○ Topical PDE4 inhibitors○ Topical JAK inhibitors□ Oral immunomodulators<ul style="list-style-type: none">○ Methotrexate○ Cyclosporine○ Azathioprine○ Mycophenolate mofetil□ Biologics<ul style="list-style-type: none">○ Dupilumab○ Tralokinumab-ldrm○ Lebrikizumab-lbkz□ JAK inhibitors<ul style="list-style-type: none">○ Abrocitinib○ Upadacitinib	<ul style="list-style-type: none">□ Clinical documentation of the following:<ul style="list-style-type: none">○ Duration of therapy○ Inadequate response○ Adverse events experienced with treatmentOR○ Information regarding contraindication/intolerance○ Discontinuation plan of current treatment(s) (i.e., if the patient is currently being treated with a biologic but you are seeking approval to switch to another biologic)

Submission

- Ensure all information is accurate and complete
- Submit the PA form and all chart notes/documentation via the payer's preferred method
NOTE: Please reference the payer's specific policy for that patient in order to ensure all required information is included

AD, atopic dermatitis; JAK, Janus kinase; PA, prior authorization; PDE4, phosphodiesterase 4.

Reference: 1. Centers for Medicare & Medicaid Services. 2025 ICD-10-CM. Accessed September 27, 2024. <https://www.cms.gov/medicare/coding-billing/icd-10-codes>

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