

# Prior Authorization (PA) Checklist

## for Patients With Prurigo Nodularis (PN)

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 code below for PN<sup>1</sup>

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

ICD-10 Code	Description
L28.1	Prurigo nodularis

- Age of patient
- Weight of patient (specifically for drugs requiring weight-based dosing)

- Chart notes/documentation of diagnosis, including disease severity
  - Body location (i.e., head, hands, feet, face, and genital area)
  - Number of nodules (specify  $\geq 20$  nodules)
  - Duration/intensity of symptoms (specify  $\geq 6$  weeks of pruritus)
  - History/signs of repeated itch/scratch cycle
  - Quality of life impact
  - For continuation of therapy or reauthorization, documentation of improvement may be requested

ICD-10, International Classification of Diseases, Tenth Revision.

## Treatment History

Payers often require trial and failure of certain prescription drug products or over-the-counter drugs prior to approving coverage for PN 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"><li>□ Phototherapy</li><li>□ Intralesional injections</li><li>□ Topicals<ul style="list-style-type: none"><li>○ Topical corticosteroids</li><li>○ Topical calcineurin inhibitors</li><li>○ Topical PDE4 inhibitors</li></ul></li><li>□ Oral immunomodulators<ul style="list-style-type: none"><li>○ Methotrexate</li><li>○ Cyclosporine</li></ul></li><li>□ Biologics<ul style="list-style-type: none"><li>○ Dupilumab</li></ul></li></ul>	<ul style="list-style-type: none"><li>□ Clinical documentation of the following:<ul style="list-style-type: none"><li>○ Duration of therapy</li><li>○ Inadequate response</li><li>○ Adverse events experienced with treatment</li></ul></li><li>OR</li><li>○ Information regarding contraindication/intolerance</li><li>○ Discontinuation plan of current treatment(s) (i.e., if patient is currently being treated with a biologic but you are seeking approval to switch to another biologic)</li></ul>

## 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

PA, prior authorization; PDE4, phosphodiesterase 4; PN, prurigo nodularis.

**Reference: 1.** Centers for Medicare & Medicaid Services. Accessed April 10, 2024. <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-cm>

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