

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 PN¹

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 ≥ 20 nodules)
 - Duration/intensity of symptoms (specify ≥ 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">□ Phototherapy□ Intralesional injections□ Topicals<ul style="list-style-type: none">○ Topical corticosteroids○ Topical calcineurin inhibitors○ Topical PDE4 inhibitors□ Oral immunomodulators<ul style="list-style-type: none">○ Methotrexate○ Cyclosporine□ Biologics<ul style="list-style-type: none">○ Dupilumab	<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 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

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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