Documentation Checklist for Patients With Nonsegmental Vitiligo

This checklist is a guide provided by AbbVie that can help you complete the patient's required prior authorization (PA) form. It (1) may include certain PA criteria which are not necessary for a specific payer and (2) may not include all necessary PA requirements for a specific payer.

Patient Information

First name: _____ **Middle name:** _____ **Last name:** _____ **DOB:** _____

☐ **Initial Authorization Request** ☐ **Reauthorization Request** ☐ **Patient 12 years of age or older**

Physician name: _____ Date: _____

Specialty: ☐ Dermatology ☐ Immunology ☐ Other: _____

Diagnosis: ICD-10-CM code[1] — CONFIRM THAT NONSEGMENTAL VITILIGO IS EXPLICITLY DOCUMENTED

☐ **L80:** Vitiligo

Initial Treatment Authorization — INCLUDE ALL RELEVANT PHOTOS OF AFFECTED AREAS ON THE BODY

Body surface area (BSA) affected: _____ %

Are any highly visible or high-impact areas affected? ☐ Yes ☐ No

If yes, please specify: ☐ Face ☐ Neck ☐ Hands ☐ Feet ☐ Genitals ☐ Arms ☐ Legs ☐ Trunk ☐ Other: _____

Actively progressing or spreading vitiligo within the past 6 months? ☐ Yes ☐ No If yes, please specify: ☐ New patches ☐ Enlarging patches

☐ Signs of active disease (e.g., confetti-like depigmentation, trichrome lesions, Koebner phenomenon) ☐ Other: _____

☐ Applicable documentation supporting BSA included with submission ☐ Other disease severity scores: _____

Most recent test results, with supporting documentation, included with submission: ☐ Tuberculosis test ☐ Complete blood count (CBC) ☐ Liver enzymes

Supplemental Documentation

Impact on Quality of Life

☐ Emotional or psychological ☐ Social interactions or relationships

☐ Social stigma or bullying ☐ Daily activities, work, or school

☐ Other: _____

Quality of Life Scoring Tools

☐ Dermatology Life Quality Index (DLQI) Total Score: _____

Treatment History *Drug Class*	*Drug Name*	*Dose*	*Duration* (start and end date)	*Outcome*
Topical therapies: ☐ Calcineurin inhibitor ☐ Corticosteroid ☐ JAK inhibitor ☐ Vitamin D analog ☐ Depigmenting agent ***Systemic therapies:*** ☐ Oral corticosteroid ☐ Intramuscular corticosteroid ☐ Immunosuppressant ☐ Oral JAK inhibitor ***Phototherapy:*** ☐ PUVA ☐ Excimer laser ☐ NB-UVB				☐ Effective ☐ Intolerant ☐ Failed ☐ Contraindicated
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Will any of the above therapies continue to be used by the patient? ☐ No ☐ Yes If yes, list therapies that will be used: _____

Important Reminder: Certain drugs cannot be used in combination with other drugs. Clearly document which drug(s), if any, will be continued with the drug being requested.

Treatment Reauthorization

How long has the patient been on the requested therapy? List full duration (start date): _____

Has the patient experienced improvement or disease stability (e.g., no new or enlarging patches, no signs of actively progressing vitiligo)? _____

Has the patient experienced improvements in quality of life (mental health, social life, daily function)? _____

Will any other therapies for vitiligo be used in combination with/continued by the patient? ☐ No ☐ Yes If yes, list therapies that will be used: _____

This information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. The information presented here does not guarantee payment or coverage. Providers are encouraged to contact third-party payers for specific information about their coverage policies.

Please see Prescribing Information for AbbVie products or visit https://www.rxabbvie.com.

Documentation Checklist for Patients With Nonsegmental Vitiligo (cont)

Listed below are examples of the drug classes used for the treatment of vitiligo. This is not a comprehensive list. Some medications listed below are not approved for the treatment of vitiligo.

Topical Examples

Calcineurin inhibitor	
pimecrolimus (Elidel®)	tacrolimus (Protopic®)

Corticosteroid		
amcinonide (Cyclocort®)	diflorasone diacetate (Psorcon®)	halcinonide (Halog®)
betamethasone (Diprolene®, Luxiq®)	fluocinolone acetonide (Synalar®)	halobetasol (Ultravate®)
clobetasol (Clobevate®, Olux®, Temovate®)	fluocinonide (Vanos®)	mometasone (Elocon®)
clocortolone (Cloderm®)	flurandrenolide (Cordran®)	triamcinolone (Aristocort® A, Kenalog® Cream, Trianex®)
desoximetasone (Topicort®)	fluticasone (Beser™, Cutivate®)	

Depigmenting agent
monobenzone (Benoquin®)

Janus kinase (JAK) inhibitor
ruxolitinib (Opzelura®)

Vitamin D analog	
calcipotriol (Dovonex®, Sorilux®)	tacalcitol (Curatoderm®, Bonalfa®)

Systemic Examples

Corticosteroid (intramuscular)	
betamethasone (Celestone®, Soluspan®)	methylprednisolone (Depo-Medrol®)
triamcinolone (Kenalog®)	

Corticosteroid (oral)	
methylprednisolone (Medrol®)	prednisone

Immunosuppressant	
azathioprine (Imuran®)	methotrexate (Trexall®)
cyclosporine (Gengraf®, Neoral®)	mycophenolic acid (CellCept®, Myfortic®)

JAK inhibitor (oral)
upadacitinib (Rinvoq®)

Phototherapy Examples

Phototherapy		
Psoralens and ultraviolet A (PUVA)	Excimer laser	Narrow-band ultraviolet B (NB-UVB)

List any reason the patient is unable to take a particular medication (e.g., contraindications, comorbidities, lifestyle): _____

_____

_____

The listed drugs are for example purposes only and do not include all potential options; specific required drugs or drug classes will vary based upon the payer's formulary.

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Reference: 1. Centers for Medicare & Medicaid Services. ICD-10-CM Tabular List of Diseases and Injuries, FY2027. Accessed November 12, 2026. https://www.cms.gov/files/zip/2027-code-tables-tabular-index.zip

Please see Prescribing Information for AbbVie products or visit https://www.rxabbvie.com.

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