



# Streamline the Prior Authorization (PA) Process With the American Academy of Dermatology Association (AAD/A) PA Appeal Letter Tool

## Customizable PA and Appeal Letters

We know that the PA and appeals process can cause barriers to getting patients started on treatment quickly. This easy-to-use tool can help AAD/A members\* streamline the PA and appeals process by quickly creating customizable appeal letters for RHAPSIDO®. On September 30, 2025, the US Food and Drug Administration (FDA) approved RHAPSIDO for adults with chronic spontaneous urticaria (CSU) who remain symptomatic despite treatment with H1 antihistamines. RHAPSIDO is not indicated for other forms of urticaria.<sup>1</sup>

This tool and its content were solely developed by the AAD/A and feature:



Letters developed and revised annually by AAD/A members



Robust clinical documentation



Medical rationale and references written by AAD/A members

### Prior Authorization Appeal Letter Tool

- Content revised annually by AAD members
- Provides robust clinical documentation
- Currently supports over 70 drugs
- New FDA-approved drugs added regularly

Create a Letter

Member login required | Request practice staff access



An AAD/A Official Licensee  
Your trusted resource for dermatological information.

Tool and content solely developed by the American Academy of Dermatology.

AAD recognizes our official licensee: Novartis Pharmaceuticals Corporation



Visit this Novartis website for more information on office resources and patient resources.



Novartis is an AAD/A official licensee, streamlining the PA and appeals process for RHAPSIDO and helping your appropriate patients get started on treatment.

**Create a letter** using the AAD/A PA Appeal Letter Tool.

\*AAD/A member login is required to access the tool. AAD/A members may submit a request for their practice staff to access the tool by using the "Request practice staff access" link. Once added, staff can sign in and access the tool using their own login. Please note that personal information entered in the prior authorization tool is not saved by the AAD/A or shared with any entity.

Reference: 1. Rhapsido. Prescribing information. Novartis Pharmaceuticals Corp.

Please see Important Safety Information on pages [4-5](#) and full [Prescribing Information](#), including [Patient Information](#).

## Steps to create a custom letter

**Create a letter** to get started.

[Create a Letter](#)

Member login required | [Request practice staff access](#)

[Log in to begin](#)

Click the “Create a Letter” button to start customizing your letter.

**Note:** You can skip past any fields that you lack information for or do not apply.

**Treatment information**

Step 1 of 5

Dermatologic disease with ICD-10 diagnosis code  
chronic spontaneous/idiopathic urticaria (L50.1)

Name of drug  
remibrutinib (Rhapsido®)

[Continue](#)

1 Select dermatologic disease, drug name, and any drugs/treatments the insurance company is requiring you to prescribe to your patient as an alternative treatment.

**Insurance information**

Step 2 of 5

Name of medical director

Insurance company name

Insurance company address

Insurance company city, state, zip

City

State

Zip Code

2 Fill in insurance information.

Please see Important Safety Information on pages [4-5](#) and full [Prescribing Information](#), including [Patient Information](#).

## Steps to create a custom letter (cont)

**Patient information**

Step 3 of 5

Patient name

Patient health insurance identification number

Patient date of birth

Date of prior authorization

3

Add patient information.

**Previously prescribed therapies**

Step 4 of 5

I have previously prescribed this patient the following therapies (optional):

Name of medication

Dates prescribed  
From  To

Reason for stopping medication

[Add Another Therapy](#)

4

Record previously prescribed therapies, if applicable.

**Letter complete**

Step 5 of 5

[Create New Letter](#)

[Download Letter](#)

[Back](#)

↓

### Download your letter:

Your customized, editable letter will output to your computer and is ready for you to save and send to insurance companies to request a formal appeal.

Please see Important Safety Information on pages [4-5](#) and full [Prescribing Information](#), including [Patient Information](#).

## Indication

RHAPSIDO is indicated for the treatment of chronic spontaneous urticaria (CSU) in adult patients who remain symptomatic despite H1 antihistamine treatment.

Limitations of Use: RHAPSIDO is not indicated for other forms of urticaria.

## Important Safety Information

### Warnings and Precautions

- Risk of Bleeding: Mucocutaneous-related bleeding occurred in 9% of patients who received RHAPSIDO. Interrupt treatment with RHAPSIDO if bleeding is observed and resume if the benefit is expected to outweigh the risk. Interrupt treatment with RHAPSIDO for 3 to 7 days pre- and post-surgery or invasive procedures. Use of antithrombotic agents concomitantly with RHAPSIDO may further increase the risk of bleeding. Consider the benefits and risks of antithrombotic agents when used with RHAPSIDO. Monitor for signs and symptoms of bleeding
- The use of live and live-attenuated vaccines should be avoided in patients receiving RHAPSIDO

### Adverse Reactions

- The most common adverse reactions (incidence  $\geq$  3%) were nasopharyngitis, bleeding, headache, nausea, and abdominal pain

### Drug Interactions

- Remibrutinib is a CYP3A4 substrate and a P-glycoprotein (P-gp) inhibitor
- Avoid use of RHAPSIDO with strong or moderate CYP3A4 inhibitors. Concomitant use with a strong or moderate CYP3A4 inhibitor increases remibrutinib exposure, which may increase the risk of RHAPSIDO adverse reactions
- Avoid use of RHAPSIDO with strong or moderate CYP3A4 inducers. Concomitant use with a strong or moderate CYP3A4 inducer decreases remibrutinib exposure, which may decrease the efficacy of RHAPSIDO
- Monitor more frequently for adverse reactions when using RHAPSIDO with P-gp substrates where minimal concentration changes may lead to serious adverse reactions (eg, digoxin). Remibrutinib increases exposure of P-gp substrates, which may increase the risk of adverse reactions related to P-gp substrates
- No data are available on concomitant use of RHAPSIDO with anticoagulants. The concomitant use of RHAPSIDO and anticoagulants was not allowed in clinical studies. Use of the antiplatelet agents, acetyl salicylic acid at doses up to 100 mg daily or clopidogrel up to 75 mg daily, was allowed in the RHAPSIDO clinical studies

Please see additional Important Safety Information on page [5](#) and full [Prescribing Information](#), including [Patient Information](#).



## Important Safety Information (cont)

### Use In Specific Populations

- There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to RHAPSIDO during pregnancy
- Avoid use of RHAPSIDO in patients with mild, moderate, or severe hepatic impairment (Child-Pugh Class A, B, and C). RHAPSIDO exposure is increased in these patients relative to patients with normal hepatic function

Please see additional Important Safety Information on page [4](#) and full [Prescribing Information](#), including [Patient Information](#).

### Get your patients started with guidance along the way

Fill out a Start Form on CoverMyMeds® portal by visiting [covermymeds.health](https://covermymeds.health) to quickly enroll patients and track their progress OR [download the RHAPSIDO Start Form](#), complete it with your patient, and fax to Novartis Patient Support at 866-433-2300.

### Questions about Novartis Patient Support?

We are here for you. We can help you and your office navigate the PA and appeals process for your patients.



Call us at **87-RHAPSIDO (877-427-7436)**.

Our customer service hours are Monday-Friday, 8:00 AM-8:00 PM ET, excluding holidays.

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### Need help or have questions?

Contact the AAD/A at [mrc@aad.org](mailto:mrc@aad.org) or 866-503-SKIN (7546).



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dermatological information.



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