Documentation Checklist for Patients With Plaque Psoriasis or Active Psoriatic Arthritis

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 18 years of age or older

Physician name: ______________________ Date: ____________

Specialty: ☐ Dermatology ☐ Rheumatology ☐ Immunology ☐ Other: ____________

Diagnosis: ICD-10-CM codes[1] *(select one)*	
Plaque psoriasis	***Psoriatic arthritis***
☐ **L40.0:** Psoriasis vulgaris	☐ **L40.5:** Arthropathic psoriasis

Medical History

Plaque psoriasis criteria

Body Surface Area (BSA) affected: ____% or Sensitive areas affected: ☐ Hands ☐ Feet ☐ Genitals/groin ☐ Scalp ☐ Other: ____________

☐ Applicable documentation supporting BSA included with submission When did symptoms first begin? ____________

Psoriatic arthritis criteria

Elevated inflammation markers: ☐ Erythrocyte sedimentation rate (ESR) ☐ C-reactive protein (CRP) ☐ Other: ____________

☐ Applicable documentation supporting inflammation included with submission

☐ Patient has long-term damage that interferes with function and disease is rapidly progressive. Please provide example(s): ____________

When did symptoms first begin? ____________

General criteria

Most recent test results, with supporting documentation, included with submission: ☐ Tuberculosis test ☐ Active serious infections (eg, hepatitis B)

☐ Other: ____________

Treatment History *Drug Class*	*Drug Name*	*Dose*	*Duration* (start and end date)	*Outcome*
Plaque psoriasis: ☐ Biologic (IL antagonist, TNF inhibitor) ☐ Immunosuppressant ☐ PDE4 inhibitor ☐ Phototherapy ☐ Retinoid (topical/oral) ☐ Topical calcineurin inhibitor ☐ Topical corticosteroid ☐ TYK2 inhibitor ☐ Vitamin D analog ***Psoriatic arthritis:*** ☐ Biologic (selective T cell costimulation modulator, IL antagonist, TNF inhibitor) ☐ Immunosuppressant ☐ JAK inhibitor ☐ PDE4 inhibitor				☐ Effective ☐ Failed ☐ Intolerant ☐ Contraindicated
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Will any of the above therapies continue to be used by the patient? ☐ No ☐ Yes If yes, list drug name(s) that will be continued: ____________

Important Reminder: Certain drugs cannot be used in combination with other drugs. Clearly document what 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 an improvement in disease severity/activity (eg, plaque psoriasis: BSA; psoriatic arthritis: CRP)? ____________

Will any other therapies be used in combination with/continued by the patient? ☐ No ☐ Yes If yes, list drug name(s) that will be used: ____________

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

Documentation Checklist for Patients With Plaque Psoriasis or Active Psoriatic Arthritis (cont'd)

Listed below are examples of the drug classes used for the treatment of plaque psoriasis or psoriatic arthritis. This is not a comprehensive list. Some medications listed below are not approved for the treatment of plaque psoriasis or active psoriatic arthritis.

Plaque Psoriasis

Biologic		
Interleukin (IL) antagonist	brodalumab (Siliq®)	risankizumab-rzaa (Skyrizi®)
	guselkumab (Tremfya®)	secukinumab (Cosentyx®)
	ixekizumab (Taltz®)	tildrakizumab-asmn (Ilumya®)
	ustekinumab (Stelara®)	
Tumor necrosis factor (TNF) inhibitor	adalimumab and biosimilars (Humira®, Amjevita™, Cyltezo®, Hadlima™, Hulio®, Hyrimoz®, Idacio®, Yuflyma®, Yusimry™)	
	etanercept (Enbrel®)	certolizumab pegol (Cimzia®)
	infliximab and biosimilars (Remicade®, Avsola®, Inflectra®, Renflexis®)	

Immunosuppressant	
cyclosporine (Gengraf®, Neoral®)	sulfasalazine (Azulfidine®)
methotrexate (Trexall®, Rheumatrex®)	tacrolimus (Prograf®)

Phosphodiesterase-4 (PDE4) inhibitor
apremilast (Otezla®)

Retinoid (oral)
acitretin (Soriatane®)

Retinoid (topical)
tazarotene (Arazlo®, Avage®, Fabior®, Tazorac®)

Tyrosine kinase 2 (TYK2) inhibitor
deucravacitinib (Sotyktu™)

Topical calcineurin inhibitor	
pimecrolimus (Elidel®)	tacrolimus (Protopic®)

Topical corticosteroid		
amcinonide (Cyclocort®)	desoximetasone (Topicort®)	halcinonide (Halog®)
betamethasone (Diprolene®, Luxiq®)	diflorasone diacetate (Psorcon®)	halobetasol propionate (Ultravate®)
clobetasol propionate (Cormax®, Embeline®, Olux®, Temovate®)	fluocinolone acetonide (Synalar®)	hydrocortisone (Ala-Cort®, Cortizone-10®, Locoid Lipocream®, Pandel®)
clocortolone pivalate (Cloderm®)	fluocinonide (Vanos®)	mometasone furoate (Elocon®)
desonide (Desonate®, DesOwen®, LoKara™, Tridesilon®, Verdeso®)	fluticasone (Beser™, Cutivate®)	triamcinolone (Aristocort A®, Kenalog® Cream, Trianex®)

Vitamin D analog	
calcipotriene (Calcitrene®, Dovonex®, Sorilux®)	calcitriol (Vectical®)

Psoriatic Arthritis

Biologic	
Selective T cell costimulation modulator	abatacept (Orencia®)
IL antagonist	guselkumab (Tremfya®)
	ixekizumab (Taltz®)
	risankizumab-rzaa (Skyrizi®)
	secukinumab (Cosentyx®)
	ustekinumab (Stelara®)
TNF inhibitor	adalimumab and biosimilars (Humira®, Amjevita™, Cyltezo®, Hadlima™, Hulio®, Hyrimoz®, Idacio®, Yuflyma®, Yusimry™)
	certolizumab pegol (Cimzia®)
	etanercept (Enbrel®)
	golimumab (Simponi®)
	infliximab and biosimilars (Remicade®, Avsola®, Inflectra®, Renflexis®)

Immunosuppressant
cyclosporine (Gengraf®, Neoral®)
hydroxychloroquine (Plaquenil®)
leflunomide (Arava®)
methotrexate (Trexall®, Rheumatrex®)
sulfasalazine (Azulfidine®)

Janus kinase (JAK) inhibitor
tofacitinib (Xeljanz®)
upadacitinib (Rinvoq®)

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.

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.

Reference: 1. Centers for Medicare & Medicaid Services. 2024 ICD-10-CM. 2024 Code Tables, Tabular and Index. Updated June 29, 2023. Accessed December 5, 2023. https://www.cms.gov/files/zip/2024-code-tables-tabular-and-index-updated-06/29/2023.zip

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