

Documentation Checklist for Patients With Crohn's Disease

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: _____
☐ Patient 18 years of age or older

Physician name: _____ Date: _____

Specialty: ☐ Gastroenterology ☐ Immunology ☐ Other: _____

Crohn's Disease Diagnosis: ICD-10-CM codes¹ (select as applicable)

☐ K50.00 Crohn's disease of small intestine without complications	☐ K50.80 Crohn's disease of both small and large intestine without complications
K50.01 Crohn's disease of small intestine with complications: ☐ K50.011 rectal bleeding ☐ K50.012 intestinal obstruction ☐ K50.013 fistula ☐ K50.014 abscess ☐ K50.018 other complication ☐ K50.019 unspecified complications	K50.81 Crohn's disease of both small and large intestine with complications: ☐ K50.811 rectal bleeding ☐ K50.812 intestinal obstruction ☐ K50.813 fistula ☐ K50.814 abscess ☐ K50.818 other complication ☐ K50.819 unspecified complications
☐ K50.10 Crohn's disease of large intestine without complications	☐ K50.90 Crohn's disease, unspecified, without complications
K50.11 Crohn's disease of large intestine with complications: ☐ K50.111 rectal bleeding ☐ K50.112 intestinal obstruction ☐ K50.113 fistula ☐ K50.114 abscess ☐ K50.118 other complication ☐ K50.119 unspecified complications	K50.91 Crohn's disease, unspecified, with complications: ☐ K50.911 rectal bleeding ☐ K50.912 intestinal obstruction ☐ K50.913 fistula ☐ K50.914 abscess ☐ K50.918 other complication ☐ K50.919 unspecified complications
☐ Other: _____	

Medical History

Has the patient been hospitalized due to Crohn's disease? ☐ No ☐ Yes

Has the patient experienced any of the following symptoms associated with their condition? When did symptoms first begin? _____

☐ Fever ☐ Weight loss ☐ Abdominal pain and tenderness ☐ Intermittent nausea and vomiting ☐ Anemia ☐ Bleeding ☐ Diarrhea
☐ Internal fistula ☐ Intestinal obstruction ☐ Megacolon ☐ Involvement in upper gastrointestinal tract ☐ Strictures ☐ Deep ulcers
☐ Perianal disease or other enterocutaneous fistula ☐ Extraintestinal manifestations ☐ Prior surgical resection ☐ Other: _____

Additional relevant clinical history (eg, colonoscopy results, medical scores): _____

Treatment Information

Induction Therapy

Will the requested drug be used as induction therapy? ☐ No ☐ Yes If yes, please document the information below.

Route of administration: _____ Dose: _____ Dosing frequency: _____ Number of infusions: _____

Location of drug administration: ☐ Prescriber's office ☐ Infusion center ☐ Hospital ☐ Other: _____

Name of facility for drug administration: _____

Maintenance Therapy

Will the requested drug be used as maintenance therapy? ☐ No ☐ Yes If yes, has the patient completed all IV doses for induction therapy? ☐ No ☐ Yes

If yes, list the administration dates: _____

Treatment History Drug Class	Drug Name	Dose	Duration (start and end date)	Outcome
☐ Biologic (integrin receptor antagonist, IL antagonist, TNF inhibitor) ☐ Corticosteroid ☐ Immunosuppressant ☐ JAK inhibitor				☐ Effective ☐ Failed ☐ Intolerant ☐ Contraindicated
☐ Biologic (integrin receptor antagonist, IL antagonist, TNF inhibitor) ☐ Corticosteroid ☐ Immunosuppressant ☐ JAK inhibitor				☐ Effective ☐ Failed ☐ Intolerant ☐ Contraindicated
☐ Biologic (integrin receptor antagonist, IL antagonist, TNF inhibitor) ☐ Corticosteroid ☐ Immunosuppressant ☐ JAK inhibitor				☐ Effective ☐ Failed ☐ Intolerant ☐ Contraindicated
☐ Biologic (integrin receptor antagonist, IL antagonist, TNF inhibitor) ☐ Corticosteroid ☐ Immunosuppressant ☐ JAK inhibitor				☐ Effective ☐ Failed ☐ Intolerant ☐ Contraindicated
☐ Biologic (integrin receptor antagonist, IL antagonist, TNF inhibitor) ☐ Corticosteroid ☐ Immunosuppressant ☐ JAK inhibitor				☐ Effective ☐ Failed ☐ Intolerant ☐ Contraindicated

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 Reminders:

- 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
- If a prescribed therapy includes induction and maintenance phases, plans may require that separate prior authorizations be submitted for approval

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 Crohn's Disease (cont'd)

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

Drug Examples

Biologic	
<i>Integrin receptor antagonist</i>	natalizumab (Tysabri®)
	vedolizumab (Entyvio®)
<i>Interleukin (IL) antagonist</i>	risankizumab-rzaa (Skyrizi®)
	ustekinumab (Stelara®)
	mirikizumab-mrkz (Omvoh®)
	guselkumab (Tremfya®)
<i>Tumor necrosis factor (TNF) inhibitor</i>	adalimumab and biosimilars (Humira®, Amjevita™, Cyltezo®, Hadlima™, Hulio®, Hyrimoz®, Idacio®, Yuflyma®, Yusimry™)
	certolizumab pegol (Cimzia®)
	infliximab and biosimilars (Remicade®, Avsola®, Inflectra®, Renflexis®)
Corticosteroid	
budesonide (Ortikos™, Entocort®)	prednisolone
methylprednisolone (Depo-Medrol®, Medrol®)	prednisone (Rayos®)
Immunosuppressant	
azathioprine (Imuran®)	methotrexate (Rheumatrex®, Trexall®)
cyclosporine (Gengraf®, Neoral®)	mycophenolic acid (CellCept®, Myfortic®)
mercaptopurine (Purinethol®, Purixan®)	tacrolimus (Prograf®, Astagraf XL®, Envarsus XR®, Hecoria®)
thioguanine (Tabloid®)	
Janus kinase (JAK) inhibitor	
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.

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Reference: 1. Centers for Medicare & Medicaid Services. 2024 ICD-10-CM. 2024 Code Tables, Tabular and Index. Updated June 29, 2023. Accessed December 8, 2023. <https://www.cms.gov/files/zip/2024-code-tables-tabular-and-index-updated-06/29/2023.zip>

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