Documentation Checklist for Patients With Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, or Non-Radiographic Axial Spondyloarthritis

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: ☐ Rheumatology ☐ Dermatology ☐ Immunology ☐ Other: ______________

Diagnosis: ICD-10-CM codes[1] *(select one and provide additional information as necessary)*

☐ **M05.60–M05.9** Rheumatoid arthritis ***Please specify*: M05.**________	☐ **M06.0–M06.0A** Other rheumatoid arthritis without rheumatoid factor ***Please specify*: M06.**________
☐ **L40.50** Arthropathic psoriasis, unspecified	☐ **M45.0-M45.9** Ankylosing spondylitis ***Please specify*: M45.**________
☐ **M45.A (M45.A0-AB)** Non-radiographic axial spondyloarthritis ***Please specify*: M45.A**________	

Medical History

Elevated inflammation markers (that support active or erosive disease, or as applicable based on indication): ☐ Erythrocyte sedimentation rate (ESR)

☐ C-reactive protein (CRP) ☐ Other: ______________

☐ Applicable documentation supporting inflammation included with submission (eg, MRI scans)

☐ *Psoriatic arthritis*: Patient has long-term damage that interferes with function (eg, joint deformities) and disease is rapidly progressive. Please provide example(s):______________

When did symptoms first begin? ______________

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

☐ Other: ______________

Treatment History ***Drug Class***	***Drug Name***	***Dose***	***Duration*** *(start and end date)*	***Outcome***
☐ Biologic (IL antagonist, selective T-cell costimulation modulator, TNF inhibitor) ☐ CD20 antibody ☐ Immunosuppressant ☐ JAK inhibitor ☐ NSAID ☐ PDE4 inhibitor				☐ Effective ☐ Failed ☐ Intolerant ☐ Contraindicated
☐ Biologic (IL antagonist, selective T-cell costimulation modulator, TNF inhibitor) ☐ CD20 antibody ☐ Immunosuppressant ☐ JAK inhibitor ☐ NSAID ☐ 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 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.

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 (ie, with CRP, ESR)?______________

Will any other therapies for the above indications 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/.

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Listed below are examples of the drug classes used for the treatment of rheumatoid arthritis (RA), psoriatic arthritis (PsA), ankylosing spondylitis (AS), or non-radiographic axial spondyloarthritis (nr-axSpA). This is not a comprehensive list. Some medications listed below are not approved for the treatment of the respective condition.

Biologic		RA	PsA	AS	nr-axSpA
CD20 antibody	rituximab (Rituxan®)	✔			
Interleukin (IL) antagonist	anakinra (Kineret®)	✔			
	guselkumab (Tremfya®)		✔		
	ixekizumab (Taltz®)		✔	✔	✔
	risankizumab-rzaa (Skyrizi®)		✔		
	sarilumab (Kevzara®)	✔			
	secukinumab (Cosentyx®)		✔	✔	✔
	tocilizumab (Actemra®)	✔			
	ustekinumab (Stelara®)		✔		
Selective T-cell costimulation modulator	abatacept (Orencia®)	✔	✔		
Tumor necrosis factor (TNF) inhibitor	adalimumab and biosimilars (Humira®, Amjevita™, Cyltezo®, Hadlima™, Hulio®, Hyrimoz®, Idacio®, Yuflyma®, Yusimry™)	✔	✔	✔	
	certolizumab pegol (Cimzia®)	✔	✔	✔	✔
	etanercept (Enbrel®)	✔	✔	✔	
	golimumab (Simponi®, Simponi Aria®)	✔	✔	✔	
	infliximab and biosimilars (Remicade®, Avsola®, Inflectra®, Renflexis®)	✔	✔	✔	
Immunosuppressant					
azathioprine (Azasan®, Imuran®)		✔			
cyclophosphamide (Cytoxan®)		✔			
cyclosporine (Gengraf®, Neoral®)		✔	✔		
hydroxychloroquine (Plaquenil®)		✔			
leflunomide (Arava®)		✔	✔		
methotrexate (Trexall®, Rheumatrex®)		✔	✔		
sulfasalazine (Azulfidine®)		✔			
Janus kinase (JAK) inhibitor					
baricitinib (Olumiant®)		✔			
tofacitinib (Xeljanz®)		✔	✔	✔	
upadacitinib (Rinvoq®)		✔	✔	✔	✔
Nonsteroidal anti-inflammatory drug (NSAID)					
ibuprofen				✔	✔
naproxen				✔	✔
Phosphodiesterase-4 (PDE4) inhibitor					
apremilast (Otezla®)			✔		

✔ Used in treatment of respective condition.

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 11, 2023. https://www.cms.gov/files/zip/2024-code-tables-tabular-and-index-updated-06/29/2023.zip

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

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