Documentation Checklist for Patients With Ulcerative Colitis

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 ☐ Patient 18 years of age or older

First name: ____________ **Middle name:** ____________ **Last name:** ____________ **DOB:** ________

Physician name: ______________________ Date: ____________

Specialty: ☐ Gastroenterology ☐ Other: ____________

Ulcerative Colitis Diagnosis: ICD-10-CM codes[1] *(select as applicable)*

☐ **K51.00** Ulcerative (chronic) pancolitis without complications	☐ **K51.50** Left sided colitis without complications
K51.01 Ulcerative (chronic) pancolitis with complications: ☐ **K51.011** rectal bleeding ☐ **K51.012** intestinal obstruction ☐ **K51.013** fistula ☐ **K51.014** abscess ☐ **K51.018** other complication ☐ **K51.019** unspecified complications	**K51.51** Left sided colitis with complications: ☐ **K51.511** rectal bleeding ☐ **K51.512** intestinal obstruction ☐ **K51.513** fistula ☐ **K51.514** abscess ☐ **K51.518** other complication ☐ **K51.519** unspecified complications
☐ **K51.20** Ulcerative (chronic) proctitis without complications	☐ **K51.80** Other ulcerative colitis without complications
K51.21 Ulcerative (chronic) proctitis with complications: ☐ **K51.211** rectal bleeding ☐ **K51.212** intestinal obstruction ☐ **K51.213** fistula ☐ **K51.214** abscess ☐ **K51.218** other complication ☐ **K51.219** unspecified complications	**K51.81** Other ulcerative colitis with complications: ☐ **K51.811** rectal bleeding ☐ **K51.812** intestinal obstruction ☐ **K51.813** fistula ☐ **K51.814** abscess ☐ **K51.818** other complication ☐ **K51.819** unspecified complications
☐ **K51.30** Ulcerative (chronic) rectosigmoiditis without complications	☐ **K51.90** Ulcerative colitis, unspecified, without complications
K51.31 Ulcerative (chronic) rectosigmoiditis with complications: ☐ **K51.311** rectal bleeding ☐ **K51.312** intestinal obstruction ☐ **K51.313** fistula ☐ **K51.314** abscess ☐ **K51.318** other complication ☐ **K51.319** unspecified complications	**51.91** Ulcerative colitis, unspecified, with complications ☐ **K51.911** rectal bleeding ☐ **K51.912** intestinal obstruction ☐ **K51.913** fistula ☐ **K51.914** abscess ☐ **K51.918** other complication ☐ **K51.919** unspecified complications
☐ **K51.40** Inflammatory polyps of colon without complication	☐ Other: ____________
K51.41 Inflammatory polyps of colon with complications: ☐ **K51.411** rectal bleeding ☐ **K51.412** intestinal obstruction ☐ **K51.413** fistula ☐ **K51.414** abscess ☐ **K51.418** other complication ☐ **K51.419** unspecified complications	

Medical History

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

☐ Abdominal pain ☐ Fatigue ☐ Stool frequency ☐ Rectal bleeding ☐ Diarrhea ☐ Other: ____________

Additional relevant clinical history (eg, fecal markers [fecal calprotectin], serum markers [C-reactive protein], endoscopic assessment, tuberculosis test, stool frequency subscore [SFS]): ____________

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, S1PR modulator) ☐ Corticosteroid ☐ Immunosuppressant ☐ JAK inhibitor ☐ 5-aminosalicylate				☐ Effective ☐ Failed ☐ Intolerant ☐ Contraindicated
☐ Biologic (integrin receptor antagonist, IL antagonist, TNF inhibitor, S1PR modulator) ☐ Corticosteroid ☐ Immunosuppressant ☐ JAK inhibitor ☐ 5-aminosalicylate				☐ Effective ☐ Failed ☐ Intolerant ☐ Contraindicated
☐ Biologic (integrin receptor antagonist, IL antagonist, TNF inhibitor, S1PR modulator) ☐ Corticosteroid ☐ Immunosuppressant ☐ JAK inhibitor ☐ 5-aminosalicylate				☐ Effective ☐ Failed ☐ Intolerant ☐ Contraindicated
☐ Biologic (integrin receptor antagonist, IL antagonist, TNF inhibitor, S1PR modulator) ☐ Corticosteroid ☐ Immunosuppressant ☐ JAK inhibitor ☐ 5-aminosalicylate				☐ 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

Documentation Checklist for Patients With Ulcerative Colitis (cont'd)

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

Drug Examples

Biologic		
Integrin receptor antagonist	vedolizumab (Entyvio®)	
Interleukin (IL) antagonist	mirikizumab-mrkz (Omvoh™)	
	risankizumab-rzaa (Skyrizi®)	ustekinumab (Stelara®)
Tumor necrosis factor (TNF) inhibitor	adalimumab and biosimilars (Amjevita™, Cyltezo®, Hadlima™, Hulio®, Humira®, Hyrimoz®, Idacio®, Yuflyma®, Yusimry™)	
	infliximab and biosimilars (Avsola®, Inflectra®, Remicade®, Renflexis®)	
Sphingosine 1-phosphate receptor (S1PR) modulator	etrasimod (Velsipity™)	

Corticosteroid	
budesonide (Entocort®, Ortikos™)	methylprednisolone (Depo-Medrol®, Medrol®)
prednisolone	prednisone (Rayos®)

Immunosuppressant	
azathioprine (Imuran®)	cyclosporine (Gengraf®, Neoral®)
mercaptopurine (Purinethol®, Purixan®)	methotrexate (Rheumatrex®, Trexall®)
tacrolimus (Astagraf XL®, Envarsus XR®, Hecoria®, Prograf®)	

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

5-aminosalicylate			
balsalazide (Colazal®, Giazo®)	mesalamine (Asacol® HD, Canasa®, Delzicol®)	olsalazine (Dipentum®)	sulfasalazine (Azulfidine®)

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. ICD-10-CM tabular list of diseases and injuries. Updated February 1, 2024. Accessed April 25, 2024. https://www.cms.gov/files/zip/2024-code-tables-tabular-and-index-updated-02/01/2024.zip

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

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