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** ☐ For Ps patients 6 years of age or older ☐ For PsA patients 6 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*		*Juvenile Psoriatic Arthritis*
☐ **L40.0:** Psoriasis vulgaris ☐ **L40.8:** Flexural Psoriasis ☐ **L40.9:** Psoriasis, unspecified	☐ **L40.5:** Arthropathic psoriasis ☐ **L40.50:** Arthropathic psoriasis,unspecified ☐ **L40.51:** Distal interphalangeal psoriatic arthropathy	☐ **L40.52:** Psoriatic arthritis mutilans ☐ **L40.53:** Arthropathic psoriasis,spondylitis ☐ **L40.59:** Other psoriatic arthropathy	☐ **L40.54:** Psoriatic juvenile arthropathy

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? _____

Disease severity score(s)

☐ Psoriasis Area and Severity Index (PASI):_____ ☐ static Physician's Global Assessment (sPGA):_____

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: _____

Supplemental Documentation

Impact on Quality of Life

Daily Function:_____ Family/social life: _____ Sleep: _____

Academics/career:_____ Mental Health: _____ Additional information:_____

Quality of Life Scoring Tool

☐ Dermatology Life Quality Index (DLQI) Total Score

Treatment History *Drug Class*	*Drug Name*	*Dose*	*Duration* (start and end date)	*Outcome*
Plaque psoriasis: ☐ Biologic (IL antagonist, TNF inhibitor) ☐ Immunosuppressant ☐ Oral interleukin (IL) antagonist ☐ PDE4 inhibitor ☐ Phototherapy ☐ Retinoid (topical/oral) ☐ Topical AhR agonist ☐ Topical calcineurin inhibitor ☐ Topical corticosteroid ☐ Topical PDE4 inhibitor ☐ TYK2 inhibitor ☐ Vitamin D analog ***Psoriatic arthritis:*** ☐ Biologic (selective T cell costimulation modulator, IL antagonist, TNF inhibitor) ☐ Immunosuppressant ☐ JAK inhibitor ☐ PDE4 inhibitor ☐ TYK2 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: _____

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.

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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	bimekizumab-bkzx (Bimzelx®)	brodalumab (Siliq®)
	risankizumab-rzaa (Skyrizi®)	guselkumab (Tremfya®)
	secukinumab (Cosentyx®)	ixekizumab (Taltz®)
	tildrakizumab-asmn (Ilumya®)	
	ustekinumab (Stelara®) and biosimilars (Imuldosa®, Otulfi®, Pyzchiva®, Selarsdi®, Steqeyma®, Wezlana®, Yesintek®)	
Tumor necrosis factor (TNF) inhibitor	adalimumab (Humira®) and biosimilars (Abrilada™, Amjevita®, Cyltezo®, Hadlima™, Hulio®, Hyrimoz®, Idacio®, Simlandi®, Yuflyma®, Yusimry®)	
	etanercept (Enbrel®)	certolizumab pegol (Cimzia®)
	infliximab (Remicade®) and biosimilars (Avsola®, Ixifi™, Inflectra®, Renflexis®)	
Immunosuppressant		
cyclosporine (Gengraf®, Neoral®)	methotrexate (Trexall®, Rheumatrex®)	tacrolimus (Prograf®)
Oral interleukin (IL) antagonist		
icotrokinra (Icotyde™)		
Phosphodiesterase-4 (PDE4) inhibitor		
apremilast (Otezla®)		
Retinoid (oral)		
acitretin (Soriatane®)		
Retinoid (topical)		
tazarotene (Tazorac®)		
Tyrosine kinase 2 (TYK2) inhibitor		
deucravacitinib (Sotyktu®)		
Topical aryl hydrocarbon receptor (AhR) agonist		
tapinarof (Vtama®)		
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®)
Topical PDE4 inhibitor		
roflumilast (Zoryve®)		
Vitamin D analog		
calcipotriene (Calcitrene®, Dovonex®, Sorilux®)	calcitriol (Vectical®)	

Psoriatic Arthritis

Biologic	
Selective T cell costimulation modulator	abatacept (Orencia®)
IL antagonist	bimekizumab-bkzx (Bimzelx®)
	guselkumab (Tremfya®)
	ixekizumab (Taltz®)
	risankizumab-rzaa (Skyrizi®)
	secukinumab (Cosentyx®)
	ustekinumab (Stelara®) and biosimilars (Imuldosa®, Otulfi®, Pyzchiva®, Selarsdi®, Steqeyma®, Wezlana®, Yesintek®)
TNF inhibitor	adalimumab (Humira®) and biosimilars (Abrilada™, Amjevita®, Cyltezo®, Hadlima™, Hulio®, Hyrimoz®, Idacio®, Simlandi®, Yuflyma®, Yusimry®)
	certolizumab pegol (Cimzia®)
	etanercept (Enbrel®)
	golimumab (Simponi®)
	infliximab (Remicade®) and biosimilars (Avsola®, Ixifi™, Inflectra®, Renflexis®)
Immunosuppressant	
cyclosporine (Gengraf®, Neoral®)	
hydroxychloroquine (Plaquenil®)	
leflunomide (Arava®)	
methotrexate (Trexall®, Rheumatrex®)	
sulfasalazine (Azulfidine®)	
PDE4 inhibitor	
apremilast (Otezla®)	
Tyrosine kinase 2 (TYK2) inhibitor	
deucravacitinib (Sotyktu®)	
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.

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Reference: 1. Centers for Medicare & Medicaid Services. 2026 ICD-10-CM. 2026 Code, Tables, Tabular and Index. Accessed March 25, 2026. https://www.cms.gov/files/zip/april-1-2026-code-tables-tabular-index.zip

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