Pharmacy Prior Authorization Form

For Prior Authorization, please fax to: 877 974-4411 toll free, or 616 942-8206

This form applies to: ☐ **Commercial (Traditional)** ☐ **Commercial (Individual/Optimized)**
☒ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)
Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Humira® (adalimumab)

Member

Last Name: _____ First Name: _____
ID #: _____ DOB: _____ Gender: _____
Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
Provider Address: _____
Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

☐ New request ☐ Continuation request

Drug product: ☐ Humira 40 mg/0.8 mL Crohn's Starter Pack
☐ Humira 40 mg/0.8 mL prefilled pen
☐ Humira 40 mg/0.8 mL prefilled syringe
☐ Humira 40 mg/0.8 mL Psoriasis Starter Pack
☐ Humira 20 mg/0.4 mL Ped Crohn's Starter Pack
☐ 3-pack ☐ 6-pack
☐ Humira 20 mg/0.4 mL prefilled syringe
☐ Humira 10 mg/0.2 mL prefilled syringe

Start date (or date of next dose): _____
Date of last dose (if applicable): _____
Dosing frequency: _____
Patient's weight: _____

HUMIRA COVERAGE POLICY

- Before Humira is covered, the patient must meet all of the General Criteria for Humira and all of the Specific Criteria for the treatment diagnosis. If these criteria are not met, the prescriber must provide an explanation of why an exception to the criteria is necessary.
- Humira will not be covered in combination with another biologic drug.
- Please provide rationale when requesting any dose or dosing interval not listed in the FDA label.

Initiation Criteria

General Initiation Criteria for ALL Diagnoses:

a) Patient has evidence of a negative TB test result in the past 12 months (or TB is adequately managed); AND
b) Patient does not have moderate to severe heart failure (or heart failure is adequately managed).

Specific Initiation Criteria for Individual Diagnoses:

1. Ankylosing Spondylitis
   a) Presence of active disease for at least 4 weeks, AND
   b) Trial and failure of 2 different NSAIDs used consistently for a total of 90 days
   c) Trial and failure of steroid products, sulfasalazine, or methotrexate for at least 90 consecutive days in the previous 120 day period

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Updated 04/2019
Last reviewed 01/2019

2. Crohn's Disease.
   a) Failure to achieved remission on or intolerance to oral or intravenous corticosteroids used for at least one month, AND
   b) Failure to achieve remission with or intolerance to TWO of the following used consistently for a total of 90 days: non-systemic glucocorticoids (e.g. budesonide), oral aminosalicylates (e.g. mesalamine, sulfasalazine, balsalazide), rectal aminosalicylates (e.g. mesalamine enema), azathioprine, 6-mercaptopurine, methotrexate, Remicade

Priority Health will cover Humira more frequently than every other week (a shortened dose interval) for Crohn's disease, after the patient has completed induction dosing, for no more than TWO months to allow the patient to achieve disease remission once again. Shortened dosing is covered when the patient:

- previously responded to Humira by achieving disease remission when dosed every other week, AND
- is currently experiencing a flare of Crohn's disease likely to result in a hospitalization

3. Hidradenitis Suppurativa
   a) Patient has documented inadequate response to intralesional corticosteroids; AND
   b) Patient has documented inadequate response to procedural interventions (punch debridement) in combination with pharmacologic therapies; AND
   c) Patient has documented inadequate response of systemic and topical antibiotic therapy including:
      a. 3 months of topical antibiotic; AND
      b. 3 months of oral doxycycline; AND
      c. 3 months of clindamycin plus rifampin; AND
   d) Patient has documented inadequate response to infliximab

4. Juvenile Idiopathic Arthritis
   a) Trial and failure of one non-biologic DMARD for at least 3 consecutive months AND a 3 month trial and failure with or contraindication/intolerance to methotrexate.

5. Plaque Psoriasis – moderate to severe
   a) Involvement of greater than 10% of body surface area (unless hands, feet, head, neck of genitalia are involved); AND
   b) Trial and failure of at least one topical agent; AND
   c) Trial and failure of UVB or PUVA therapy or contraindication to therapy; AND
   d) Trial and failure of methotrexate for at least 3 consecutive months or contraindication/intolerance to methotrexate; AND
   e) Trial and failure or intolerance to one additional systemic therapy (i.e. cyclosporine or acitretin)

6. Psoriatic Arthritis
   a) Trial and failure of methotrexate for at least 3 consecutive months or contraindication/intolerance to methotrexate; AND
   b) Trial and failure of one additional oral DMARD (such as leflunomide, hydroxychloroquine, or sulfasalazine) as sequential monotherapy for 3 months OR in combination with methotrexate for at least 3 months unless contraindication.

7. Rheumatoid Arthritis
   a) Trial and failure of methotrexate for at least 3 consecutive months or contraindication/intolerance to methotrexate; AND
   b) Trial and failure of one additional oral DMARD (such as leflunomide, hydroxychloroquine, or sulfasalazine) as sequential monotherapy for 3 months OR in combination with methotrexate for at least 3 months unless contraindication.

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8. Ulcerative Colitis
   - **a)** Failure to achieved remission on or intolerance to oral or intravenous corticosteroids used for at least one month, AND
   - **b)** Failure to achieve remission with or intolerance to TWO of the following used consistently for a total of 90 days: non-systemic glucocorticoids (e.g. budesonide), oral aminosalicylates (e.g. mesalamine, sulfasalazine, balsalazide), rectal aminosalicylates (e.g. mesalamine enema), azathioprine, 6-mercaptopurine, methotrexate, Remicade

Priority Health will cover Humira more frequently than every other week (a shortened dose interval) for ulcerative colitis, after the patient has completed induction dosing, for no more than TWO months to allow the patient to achieve disease remission once again. Shortened dosing is covered when the patient:

- previously responded to Humira by achieving disease remission when dosed every other week, AND
- is currently experiencing a flare of ulcerative colitis likely to result in a hospitalization

9. Uveitis – noninfectious
   - **a)** Trial and failure of periocular, intraocular, or systemic corticosteroids, AND
   - **b)** Trial and failure of immunosuppressives [such as methotrexate, mycophenolate mofetil, cyclosporine, azathioprine, or cyclophosphamide] at maximally tolerated doses, AND
   - **c)** Trial and failure or intolerance to infliximab

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Ankylosing spondylitis
- ☐ Crohn's disease
- ☐ Hidradenitis suppurativa
- ☐ Juvenile idiopathic arthritis
- ☐ Plaque psoriasis
- ☐ Psoriatic arthritis
- ☐ Rheumatoid arthritis
- ☐ Ulcerative colitis
- ☐ Uveitis
- ☐ Other – the patient's condition is: _____

  Rationale for use: _____

B. Has the patient had a negative TB test result in the past 12 months?

- ☐ Yes Date: _____
- ☐ No, rationale for use: _____

C. Does the patient have moderate to severe heart failure?

- ☐ Yes Date: _____
- ☐ No, rationale for use: _____

D. Will the patient be receiving other biologic therapy in combination with Humira?

- ☐ No
- ☐ Yes, rationale for use: _____

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E. Which of the following has the patient had a documented therapeutic trial with?

Category	Drug		Dates of Use
NSAID	☐ Diclofenac ☐ Ibuprofen ☐ Indomethacin	☐ Meloxicam ☐ Naproxen	
Traditional systemic DMARDs & Immunosuppressives	☐ 6-Mercaptopurine ☐ Acitretin ☐ Azathioprine ☐ Cyclophosphamide ☐ Cyclosporine ☐ Hydroxychloroquine	☐ Leflunomide ☐ Methotrexate ☐ Mycophenolate ☐ PUVA/UVB ☐ Sulfasalazine	
Corticosteroids	☐ Betamethasone ☐ Methylprednisolone	☐ Prednisone ☐ Triamcinolone	
Systemic antibiotics	☐ Clindamycin ☐ Dicloxacillin	☐ Erythromycin ☐ Azathioprine	
Retinoids	☐ Isotretinoin		
Biologic	☐ Infliximab		
Other (please fill in)	☐ _____ ☐ _____ ☐ _____		

Use this section for shortened interval dosing requests for Crohn's disease or ulcerative colitis.
Limited evidence is available evaluating Humira dosed more frequently than every other week for Crohn's disease or ulcerative colitis. Clinical practice experience, however, suggests weekly dosing may be effective in patients experiencing a flare of CD or UC while using the drug every other week.

A. Has the patient responded previously to every other week dosing?
☐ Yes ☐ No – *Rationale for use:* _____

B. Is the patient experiencing a Crohn's disease or ulcerative colitis flare?
☐ Yes ☐ No – *Rationale for use:* _____

C. Is the patient's Crohn's Disease or ulcerative colitis flare likely to result in hospitalization?
☐ Yes ☐ No – *Rationale for use:* _____

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