

# Priority Health Medicare Prior Authorization Criteria (Part D)

## Humira®

### Products affected

- Humira®
- Humira® Pen
- Humira® Pen-Crohn's Disease Starter
- Humira® Pen-Psoriasis Starter

### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	Negative TB test (must be done yearly). For diagnosis of Ankylosing Spondylitis, must have presence of active disease for at least 4 weeks, BASDAI score of at least 4. For diagnosis of moderate to severe plaque psoriasis, must have involvement of greater than 5% of body surface area (unless hands, feet, head, neck, or genitalia are involved).
<b>Age restrictions</b>	Must be 2 years of age or older.
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	One year
<b>Other criteria</b>	N/A