PRO ACT PHARMACY BENEFIT MANAGEMENT

1230 US Highway 11
Gouverneur, NY 13642
Phone: 1-877-635-9545
Prior Authorization Fax: 1-844-712-8129

Humira® Prior Authorization Request Form (Page 1 of 3)

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

- ❑ Active ankylosing spondylitis
- ❑ Active psoriatic arthritis
- ❑ Moderate to severe hidradenitis suppurativa (i.e., Hurley Stage II or III)
- ❑ Moderate to severe plaque psoriasis
- ❑ Moderately to severely active polyarticular juvenile idiopathic arthritis
- ❑ Moderately to severely active Crohn's disease
- ❑ Moderately to severely active rheumatoid arthritis
- ❑ Moderately to severely active ulcerative colitis
- ❑ Uveitis
- ❑ Other diagnosis:_____ICD-10 Code(s): _____

Clinical Information:

Select if Humira is prescribed by or in consultation with one of the following specialists:

❑ Dermatologist ❑ Gastroenterologist ❑ Ophthalmologist ❑ Rheumatologist

Select if Humira will be used in combination with the following**:**

- ❑ Biologic DMARD [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept)]
- ❑ Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
- ❑ Phosphodiesterase 4 (PDE4) inhibitor [e.g., Otezla (apremilast)]
- ❑ Not in combination with a biologic DMARD, janus kinase inhibitor or PDE4 inhibitor

For active ankylosing spondylitis, also answer the following:

Does the patient have history of failure, contraindication, or intolerance to two non-steroidal anti-inflammatory drugs (NSAIDs)? ❑ **Yes** ❑ **No**

For moderately to severely active polyarticular juvenile arthritis, also answer the following:

Does the patient have history of failure, contraindication, or intolerance to Rheumatrex/Trexall (methotrexate) OR Arava (leflunomide)? ❑ **Yes** ❑ **No**

For moderately to severely active Crohn's disease, also answer the following:

Select if the patient has history of failure, contraindication, or intolerance to the following:

❑ 6-mercaptopurine (Purinethol) ❑ Corticosteroids (e.g., prednisone, methylprednisolone)
❑ Azathioprine (Imuran) ❑ Methotrexate (Rheumatrex, Trexall)

Does the patient have history of failure (i.e., lost response) or intolerance to Remicade (infliximab)? ❑ **Yes** ❑ **No**

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For moderately to severely active rheumatoid arthritis, also answer the following:

Does the patient have history of failure, contraindication, or intolerance to one non-biologic disease modifying anti-rheumatic drug (DMARD) [e.g., Rheumatrex/Trexall (methotrexate), Arava (leflunomide), Azulfidine (sulfasalazine)]? ❑ **Yes** ❑ **No**

For moderately to severely active ulcerative colitis, also answer the following:

Select if the patient has history of failure, contraindication, or intolerance to the following:

- ❑ 6-mercaptopurine (Purinethol)
- ❑ Aminosalicylate (e.g., mesalamine (Asacol, Pentasa, Rowasa), olsalazine (Dipentum), sulfasalazine (Azulfidine, Sulfazine)]
- ❑ Azathioprine (Imuran)
- ❑ Corticosteroids (e.g., prednisone, methylprednisolone)

For uveitis, also answer the following:

Does the patient have non-infectious uveitis? ❑ **Yes** ❑ **No**

Select the classification of uveitis:

- ❑ Intermediate
- ❑ Posterior
- ❑ Panuveitis

Reauthorization:

If this is a reauthorization request, answer the following questions:

Is there documentation the patient has had a positive clinical response to Humira therapy? ❑ **Yes** ❑ **No**

Select if Humira will be used in combination with the following**:**

- ❑ Biologic DMARD [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept)]
- ❑ Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
- ❑ Phosphodiesterase 4 (PDE4) inhibitor [e.g., Otezla (apremilast)]
- ❑ Not in combination with a biologic DMARD, janus kinase inhibitor or PDE4 inhibitor

For moderately to severely active ulcerative colitis, also answer the following:

For patients who initiated Humira therapy within the past 12 weeks, is there documentation the patient has had clinical remission or significant clinical benefit by eight weeks (Day 57) of therapy? ❑ **Yes** ❑ **No**

For patients who have been maintained on Humira therapy for longer than 12 weeks, is there documentation the patient has had a positive clinical response to Humira therapy? ❑ **Yes** ❑ **No**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.

Please fax this form to 1-844-712-8129 to initiate a prior authorization review for the member and medication above.

Please note: plan benefits may limit or exclude coverage of specific medications including those requested on this form.

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I certify, to the best of my knowledge, the statements and information provided on this form are factual and correct.

Provider/Representative (and Title): _____ **Date:** _____

PROACT INTERNAL USE ONLY:					
Clinical Review Decision					
	Approved, through				
	Denied (documentation attached, if necessary)				
Tracking:					
1st Attempt		2nd Attempt		Letter Mailed:	