

OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION REQUEST FORM*

Directions: *The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.*

Drug Name: Humira™ (adalimumab) (Code- J0135)

- Humira is indicated, with or without methotrexate or other non-injectable DMARDs, for reducing the signs and symptoms and inhibiting the progression of structural damage in moderately to severely active RA in adults who have had an inadequate response to one or more traditional DMARDs.
- Humira is also use for the treatment of ankylosing spondylitis, Crohn's disease (moderate to severe), in patients with an inadequate response to conventional therapy and also psoriatic arthritis.
- Humira is also indicated to treat adult patients (18 years and older) with chronic moderate to severe plaque psoriasis.
- Cases of tuberculosis have been observed in patents receiving Humira. Patients should be evaluated for latent tuberculosis infection with a tuberculin skin test. Treatment of latent tuberculosis infection should be initiated prior to therapy with Humira.

Please complete below: (ALL lines must be checked to qualify)

___ Prescriber is a Rheumatologist, Gastroenterologist, or Dermatologist

___ Patient has a diagnosis of one of the following: (indicate which diagnosis)
Rheumatoid Arthritis Psoriatic Arthritis
Crohn's Disease Ankylosing Spondylitis
Moderate to Severe Plaque Psoriasis

___ Patient has tried and failed Enbrel™ (etanercept) [Does not apply to Crohn's indication]

___ Patient has tried and failed at least one previous DMARD therapy (including, but not limited to azathioprine, methotrexate, auranofin, etc...) [Does not apply to Crohn's indication]

___ For **Crohn's** indication, disease is moderate to severe with inadequate response to ALL of the following therapies:

- Failure of budesonide or high dose (40-60mg prednisone) steroids
AND
- Failure of Remicade

Patient Name _____

Member Number _____

Physician Signature _____ Date _____

Physician Name _____ Phone Number _____

Fax Number _____

Pharmacy Name _____ Pharmacy Tel # _____