

Humira® Prior Authorization Request Form (Page 2 of 2)
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For moderately to severely active ulcerative colitis, also answer the following:

Select if the patient has had inadequate response to the following:

- Aminosalicylate (for at least 3 months)
- High dose steroids (40 to 60 mg prednisone)

For non-infectious uveitis, also answer the following:

Select if the patient has the following disease characteristics:

- Chronic Treatment-refractory
- Recurrent Vision-threatening disease

Select if the patient has tried and failed the following therapies for at least three (3) months:

- Acitretin Cyclosporine Methotrexate
- Azathioprine Leflunomide

Has the patient tried and failed corticosteroid therapy (prednisone 60 mg/day)? Yes No

For plaque psoriasis, also answer the following:

Does the patient have at least one (1) fingernail with nail psoriasis? Yes No

Does the patient have disease that affects more than 10% of the patient's body surface area? Yes No

Select if the patient's psoriasis involves the following areas:

- Face Genitalia Palms Soles

Select if the patient has tried and failed the following phototherapies (UV light therapies):

- NB UV-B
- PUVA

Select if the patient has tried and failed the following alternative oral systemic therapies:

- Acitretin
- Cyclosporine
- Methotrexate

Medication being provided by: (Please check applicable box below)

- Physician's office PropriumRx Specialty Pharmacy (specify name): _____

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****
Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Prescriber Signature: _____ **Date:** _____

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.
 For urgent or expedited requests please call 1-800-711-4555.
 This form may be used for non-urgent requests and faxed to 1-800-527-0531.