

Medicare Part D – 2016**Prior Authorization Group Description:**

HUMIRA

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:**Required Medical Information:**

MAINTENANCE REQUESTS: RHEUMATOID ARTHRITIS, JUVENILE IDIOPATHIC ARTHRITIS, PSORIATIC ARTHRITIS, ANKYLOSING SPONDYLITIS, CROHN'S DISEASE, ULCERATIVE COLITIS : Documentation of partial or complete response. PLAQUE PSORIASIS: Maintained on therapy with positive response.

Age Restrictions:**Prescriber Restrictions:**

PSORIATIC ARTHRITIS, PLAQUE PSORIASIS: Rheumatologist or Dermatologist. CROHN'S DISEASE, ULCERATIVE COLITIS: GI specialist.

Coverage Duration:

Length of Benefit.

Other Criteria:

RHEUMATOID ARTHRITIS: Failure or clinically significant adverse effects to one of the following: methotrexate, sulfasalazine, hydroxychloroquine, d-penicillamine, azathioprine or auranofin. PLAQUE PSORIASIS: Failure or clinically significant adverse effects to one of the following: methotrexate, cyclosporine or acitretin.