

**Humira**

**Humira (Adalimumab) is a tumor necrosis factor antagonist used for moderate to severe rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and Crohn's in patients > 18 years of age.**

- Patient must have moderate to severe Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis or Crohn's Disease
- Patient must have tested negative for latent tuberculosis.
- Patient must have failed (or is intolerant to) adequate trial (3-6 months) with methotrexate when used for rheumatoid arthritis.
  - Must not be used in conjunction with Kineret, Arava or Orencia.

**[Approve for 3 months then re-evaluate]**

- For re-evaluation: symptomatic improvement as indicated by two of the following: reduction in Erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, improvement in functional status, improvement in radiographic examination of involved joints, a decrease in the number of affected joints, a reduction in pain or reduction in duration of morning stiffness or fatigue.

**[Approve for 12 months after re-evaluation]**

Dosage:

- Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis:
  - o 40 mg every other week
- Crohn's Disease:
  - o Week 0: 160 mg
  - o Week 2: 80 mg
  - o Maintenance: 40 mg every other week

**Member Information**

**Relationship** (Circle)

Name \_\_\_\_\_

Enrollment / Cardholder ID \_\_\_\_\_

Group / Plan \_\_\_\_\_

Birth date \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_

Subscriber Spouse Dependent

Gender (Circle)  
Male Female

AGE: \_\_\_\_\_ Weight (kg): \_\_\_\_\_

**Practitioner Information**

**Clinical Drug / Lab History**

Name \_\_\_\_\_

Agent / Contact Name \_\_\_\_\_

Specialty \_\_\_\_\_

Office / Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone ( ) - \_\_\_\_\_

Fax ( ) - \_\_\_\_\_

ID Number \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

**Labs: Baseline / Ongoing**

Formulary Alternative(s) Attempted Y N

Please List:

Negative latent TB test? Y N

Using with Kineret, Arava or Orencia?  
Y N

**Requested Drug / Pharmaceutical**

**Humira (Adalimumab)**

**Strength / Dose**

\_\_\_\_\_

**Therapy Start Date**

\_\_\_\_\_

**Condition / Diagnosis Related - Reason for Request**

\_\_\_\_\_

**Duration of Therapy** (Expected)

\_\_\_\_\_

**Type of Request** (Circle)

**One-Time On-Going**

**Rheumatoid Arthritis: Previous Treatments tried:**

Has the patient failed an adequate trial (3-6 months) with methotrexate  
Y N

Reason for Failure:

\_\_\_\_\_

**Contact Pharmacy?** Y N

**Pharmacy Phone Number**

\_\_\_\_\_

\_\_\_\_\_  
**Practitioner Signature**