



## TEXAS MEDICAID Clinical Edit Prior Authorization adalimumab (HUMIRA)

### STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

### STEP 2: CLINICAL PRIOR AUTHORIZATION CRITERIA

Indicate Primary Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

1. Does the client have a diagnosis of Psoriatic Arthritis (PsA) and/or Plaque Psoriasis (Ps) in the last 730 days?

Yes (Go to #7)

No (Go to #2)

2. Does the client have a diagnosis of Ankylosing Spondylitis (AS) and/or Rheumatoid Arthritis (RA) in the last 730 days?

Yes (Go to #8)

No (Go to #3)

3. Does the client have a diagnosis of Ulcerative Colitis (UC) in the last 730 days?

Yes (Go to #11)

No (Go to #4)

4. Does the client have a diagnosis of Crohn's Disease in the last 730 days?

Yes (Go to #12)

No (Go to #5)

5. Does the client have a diagnosis of Juvenile Idiopathic Arthritis (JIA) and/or Uveitis (UV) in the last 730 days?

Yes (Go to #10)

No (Go to #6)

6. Does the client have a diagnosis of Hidradenitis Suppurativa (HS) in the last 730 days?

Yes (Go to #9)

No (Deny)



<p>7. Is the client greater than or equal to (<math>\geq</math>) 4 years of age?</p> <p><input type="checkbox"/> Yes (Go to #15) <input type="checkbox"/> No (Deny)</p>
<p>8. Is the client greater than or equal to (<math>\geq</math>) 18 years of age?</p> <p><input type="checkbox"/> Yes (Go to #15) <input type="checkbox"/> No (Deny)</p>
<p>9. Is the client greater than or equal to (<math>\geq</math>) 12 years of age?</p> <p><input type="checkbox"/> Yes (Go to #15) <input type="checkbox"/> No (Deny)</p>
<p>10. Is the client greater than or equal to (<math>\geq</math>) 2 years of age?</p> <p><input type="checkbox"/> Yes (Go to #15) <input type="checkbox"/> No (Deny)</p>
<p>11. Is the client greater than or equal to (<math>\geq</math>) 5 years of age?</p> <p><input type="checkbox"/> Yes (Go to #13) <input type="checkbox"/> No (Deny)</p>
<p>12. Is the client greater than or equal to (<math>\geq</math>) 6 years of age?</p> <p><input type="checkbox"/> Yes (Go to #15) <input type="checkbox"/> No (Deny)</p>
<p>13. Has the client had at least a 30-day trial with conventional therapy in the last 180 days?</p> <p>Examples of conventional therapy for CD or UC include azathioprine (IMURAN), cyclosporine (GENGRAF, NEORAL, SANDIMMUNE), dexamethasone, hydrocortisone (CORTEF), mercaptopurine (PURIXAN), methotrexate (OTREXUP, TREXALL, XATMEP), methylprednisolone (MEDROL), prednisolone (MILLIPRED, VERIPRED), and prednisone.</p> <p><input type="checkbox"/> Yes (Go to #15) <input type="checkbox"/> No (Go to #14)</p>
<p>14. Is the request for continuing therapy with Humira?</p> <p><input type="checkbox"/> Yes (Go to #15) <input type="checkbox"/> No (Deny)</p>
<p>15. Does the client have a history of heart failure in the last 365 days?</p> <p><input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #16)</p>



16. Does the client have a history of demyelinating disease (multiple sclerosis, optic neuritis and/or Guillain-Barre syndrome) in the last 365 days?

Yes (Deny)

No (Go to #17)

17. Does the client have a history of hematologic abnormalities such as aplastic anemia, pancytopenia, thrombocytopenia, neutropenia, or decreased white blood cell counts in the last 180 days?

Yes (Deny)

No (Go to #18)

18. Does the client have a serious active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?

Yes (Deny)

No (Go to #19)

19. Does the client have one (1) claim for a contraindicated drug in the last 30 days?

Contraindicated drugs include CIMZIA, ENBREL, KINERET, ORENCIA and SIMPONI.

Yes (Deny)

No (Approve – 365 days)

**STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553**

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If criteria not met, submit chart documentation with form citing complex medical circumstances.  
For questions, please call Navitus Customer Care at 1-877-908-6023.