

TRICARE Prior Authorization Request Form for
adalimumab (preferred brand Humira)



5585

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.

PLEASE NOTE: For Active Duty Service Members, even if coverage will NOT BE APPROVED per this form, it still must be initially submitted to the TPharm Contractor for review. Subsequent reconsideration is allowed at the appropriate Military Treatment Facility.

<p>For initial review by the TPharm Contractor;</p> <ul style="list-style-type: none"> • The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477 • The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TPharmPA@express-scripts.com
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When prescribed by a rheumatologist, dermatologist, or gastroenterologist a prior authorization is not required. Prior authorization is required when prescribed in other situations.

Note that the PA applies to the branded Humira formulation by Abbvie. The Cordavis brand is completely excluded from the TRICARE benefit.

Prior authorization does not expire.

Step 1 Please complete patient and physician information (please print):

1	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	Sponsor ID #: _____	Phone #: _____
	Date of Birth: _____	Secure Fax #: _____

Step 2 Please complete the clinical assessment:

2	1. Is the medication being prescribed by a rheumatologist, dermatologist, or gastroenterologist?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No proceed to question 2
	2. Is the patient 18 years of age or older?	<input type="checkbox"/> Yes proceed to question 5	<input type="checkbox"/> No proceed to question 3
	3. Is the patient 2 years of age or older?	<input type="checkbox"/> Yes proceed to question 4	<input type="checkbox"/> No STOP Coverage not approved
	4. What is the indication or diagnosis in this pediatric patient? <ul style="list-style-type: none"> <input type="checkbox"/> Moderate to severe active polyarticular idiopathic arthritis (JIA), including subtypes - proceed to question 9 <input type="checkbox"/> Treatment of uveitis (non-infectious intermediate, posterior and panuveitis patients) – proceed to question 9 <input type="checkbox"/> Moderately to severely active Crohn’s disease – proceed to question 10 <input type="checkbox"/> Moderate to severe hidradenitis suppurativa – proceed to question 9 <input type="checkbox"/> Moderate to severe plaque psoriasis in patients who are candidates for systemic or phototherapy– proceed to question 10 <input type="checkbox"/> Moderately to severely active ulcerative colitis – proceed to question 9 <input type="checkbox"/> Generalized pustular psoriasis (GPP) – proceed to question 8 <input type="checkbox"/> Other indication or diagnosis – STOP: Coverage not approved. 		

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<p>5. What is the indication or diagnosis in this adult patient?</p>	<input type="checkbox"/> Moderately to severely active rheumatoid arthritis – proceed to question 9 <input type="checkbox"/> Active psoriatic arthritis – proceed to question 10 <input type="checkbox"/> Active ankylosing spondylitis – proceed to question 6 <input type="checkbox"/> Active non-radiographic axial spondyloarthritis (nr-ax SpA) with objective signs of inflammation – proceed to question 6 <input type="checkbox"/> Moderate to severe chronic plaque psoriasis in patients who are candidates for systemic therapy or phototherapy – proceed to question 9 <input type="checkbox"/> Moderately to severely active Crohn's disease – proceed to question 7 <input type="checkbox"/> Moderately to severely active ulcerative colitis – proceed to question 9 <input type="checkbox"/> Moderate to severe hidradenitis suppurativa – proceed to question 9 <input type="checkbox"/> Treatment of uveitis (non-infectious intermediate, posterior and panuveitis patients)– proceed to question 9 <input type="checkbox"/> Moderately to severely active pyoderma gangrenosum (PG) that is refractory to high-potency corticosteroids– proceed to question 9 <input type="checkbox"/> Generalized pustular psoriasis (GPP) – proceed to question 8 <input type="checkbox"/> Other indication or diagnosis – STOP: Coverage not approved.	
<p>6. Has the patient had an inadequate response to at least two NSAIDs over a period of at least two months?</p>	<input type="checkbox"/> Yes proceed to question 10	<input type="checkbox"/> No STOP Coverage not approved
<p>7. Does the patient have fistulizing CD?</p>	<input type="checkbox"/> Yes proceed to question 10	<input type="checkbox"/> No proceed to question 9
<p>8. Does the patient have a history of at least two Generalized pustular psoriasis (GPP) flares of moderate-to-severe intensity in the past?</p>	<input type="checkbox"/> Yes proceed to question 9	<input type="checkbox"/> No STOP Coverage not approved
<p>9. Has the patient had an inadequate response to non-biologic systemic therapy, antibiotics or anti-androgens? (For example: methotrexate, aminosaliclates [such as, sulfasalazine, mesalamine], corticosteroids, immunosuppressants [such as, azathioprine], etc.)?</p>	<input type="checkbox"/> Yes proceed to question 10	<input type="checkbox"/> No STOP Coverage not approved
<p>10. Will the patient be receiving other targeted immunomodulatory biologics with Humira, including but not limited to the following: certolizumab (Cimzia), etanercept (Enbrel), golimumab (Simponi), infliximab, apremilast (Otezla), ustekinumab (Stelara), abatacept (Orencia), anakinra (Kineret), tocilizumab, tofacitinib (Xeljanz/Xeljanz XR), rituximab, secukinumab (Cosentyx), ixekizumab (Taltz), brodalumab (Siliq), sarilumab (Kevzara), guselkumab (Tremfya), baricitinib (Olumiant), tildrakizumab (Ilumya), risankizumab (Skyrizi), or upadacitinib (Rinvoq ER)?</p>	<input type="checkbox"/> Yes STOP Coverage not approved	<input type="checkbox"/> No Sign and date below

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Step 3 I certify the above is true to the best of my knowledge. Please sign and date:

Prescriber Signature

Date

[26 November 2024]