Criteria Based Consultation Prescribing Program
CRITERIA FOR DRUG COVERAGE
Adalimumab 40 mg/0.4 mL, 80 mg/0.8 mL (Humira)

Formulary adalimumab 40 mg/0.4 mL and 80 mg/0.8 mL (Humira 40 mg/0.4 mL, Humira 80 mg/0.8 mL) will be covered on the prescription drug benefit when the following criteria are met:

Criteria for new therapy coverage and stable or new member coverage:

- Prescriber is a rheumatologist, dermatologist, gastroenterologist, or ophthalmologist.
  - AND -
- Patient is 17 years of age or younger
  - OR -
- Patient has a documented latex allergy OR patient has had an injection site reaction (injection site reaction does NOT include pain) with adalimumab 40 mg/0.8 mL