Louisiana Medicaid
Adalimumab (Humira®) 80mg Pen/Syringe
Criteria for Quantity Limit Override

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request authorization to override maximum quantity limit that applies to adalimumab (Humira®) 80mg pen/syringe.

Additional Point-of-Sale edits may apply.

Approval Criteria for Initiation of Therapy

- **ALL** of the following are required and are **stated on the request**:
  - The request is for initiation of therapy; **AND**
  - The recipient has a diagnosis of Crohn's Disease, Ulcerative Colitis or Hidradenitis Suppurativa; **AND**
  - The requested dosage is for adalimumab (Humira®) 80mg pen/syringe; **AND**
  - The requested quantity does not exceed 4 injections in 28 days.

Duration of approval for initiation of therapy: 1 month (up to 4 injections)

Approval Criteria for Maintenance Therapy

- The requested dosage is for adalimumab (Humira®) 80mg pen/syringe; **AND**
- The requested quantity does not exceed 4 injections in 28 days; **AND**
- The requested quantity and dosing are supported in the accepted medical compendia; **AND**
- **ONE** of the following is required and is **stated on the request**:
  - The recipient has had a *positive response to the requested therapy* as evidenced by an improvement in function and/or signs and symptoms, *without evidence of adverse effects*; **AND**
    - The recipient *is currently taking the requested dosage and quantity*; **OR**
    - The recipient *has taken the requested dosage and quantity in the past*; **OR**
  - The recipient had a *partial but inadequate response* to the requested medication *at a lower dosage* **AND ALL** of the following:
    - Medication *non-adherence was ruled out* as a reason for the inadequate response; **AND**
    - The recipient *tolerated* the medication at *the lower dosage*; **AND**
    - There was *no evidence of adverse effects* at the lower dose; **AND**
    - The *medication quantity and dose, as requested, are necessary for this patient*.

Duration of approval for maintenance therapy: 6 months

References

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; https://www.clinicalkey.com/pharmacology/

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861

Humira (adalimumab) [package insert]. North Chicago, IL: AbbVie Inc; February 2024. https://www.rxabbvie.com/pdf/humira.pdf

Revision / Date	**Implementation Date**
Policy Created / August 2024	January 2025