

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2025 P 1498-1
Program	Prior Authorization/Non-Formulary
Medications	Brand Humira
P&T Approval Date	10/2025
Effective Date	1/1/2026

## 1. Background:

This program requires the provider to validate that the member is not an appropriate candidate for Humira biosimilars.

## 2. Coverage Criteria<sup>a</sup>:

### A. Brand Humira

1. **Brand Humira** will be approved based on **ONE** of the following:

- a. Submission of medical records documenting patient allergy or demonstrated intolerance to the inactive ingredients in Adalimumab-adaz (unbranded Hyrimoz), and Amjevita

**-OR-**

b. **Both** of the following:

- (a) Submission of medical records documenting patient has previously been successfully treated with brand Humira
- (b) Submission of medical records documenting patient has tried Adalimumab-adaz (unbranded Hyrimoz), and Amjevita for 6-8 weeks<sup>b</sup> per product with a decrease in effectiveness

**-OR-**

c. **Both** of the following:

- (a) Prescriber is requesting continuation of therapy for an established member on Humira (as documented by a paid claim of at least 28 days supply in past 120 days)

**-AND-**

- (b) Dose does not exceed the following limits based on indication:

**For rheumatoid arthritis or hidradenitis suppurativa: 40mg per week or 80mg every other week**

**For Crohn's disease, ulcerative colitis, or uveitis: 40mg per week**

**For polyarticular juvenile idiopathic arthritis, psoriatic arthritis, plaque psoriasis,**

<p><b>or ankylosing spondylitis: 40mg every other week</b></p> <p><b>Authorization will be issued for 12 months.</b></p> <p><sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p> <p><sup>b</sup> For Connecticut, Kentucky and Mississippi business, only a 30-day trial will be required</p>
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### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

### 4. References:

N/A

Program	Prior Authorization/Non-Formulary – Brand Humira
<b>Change Control</b>	
10/2025	New program