



# USFHP Pharmacy Prior Authorization Form for ruxolitinib cream (Opzelura)

**FAX Completed Form and  
Applicable Progress Notes to:  
(410) 424-4037**

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

**Questions?** Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

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

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

**Step 2** Please complete the clinical assessment:

<b>1.</b> Has the patient received this medication under the TRICARE benefit in the last 6 months? Please choose "No" if the patient did not previously have a TRICARE approved PA for Opzelura.	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No Proceed to question 4
<b>2.</b> Has the patient had a positive response to therapy, for example, an Investigator's Static Global Assessment (ISGA) score of clear (0) or almost clear?	<input type="checkbox"/> Yes Proceed to question 3	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
<b>3.</b> Has the patient's disease severity improved and stabilized to warrant continued therapy?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
<b>4.</b> What is the indication or diagnosis?	<input type="checkbox"/> Mild to moderate or uncontrolled atopic dermatitis - Proceed to question 5 <input type="checkbox"/> Other - <b>STOP</b> Coverage not approved	
<b>5.</b> Is the patient 12 years of age or older?	<input type="checkbox"/> Yes Proceed to question 6	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
<b>6.</b> Is the requested medication being prescribed by a dermatologist, allergist, or immunologist?	<input type="checkbox"/> Yes Proceed to question 7	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
<b>7.</b> How old is the patient?	<input type="checkbox"/> 18 years of age or older - Proceed to question 8 <input type="checkbox"/> 12 to 17 years of age - Proceed to question 9	

<p>8. Does the patient have a contraindication to, intolerance to, or have they failed treatment with one medication in the following category: topical corticosteroids - high potency/class 1 topical corticosteroid (for example, clobetasol propionate 0.05% ointment/cream, fluocinonide 0.05% ointment/cream)?</p>	<p><input type="checkbox"/> Yes Proceed to question 10</p>	<p><input type="checkbox"/> No <b>STOP</b> Coverage not approved</p>
<p>9. Does the patient have a contraindication to, intolerance to, or have they failed treatment with one medication in the following category: topical corticosteroids, can be any topical corticosteroid, including low potency steroids?</p>	<p><input type="checkbox"/> Yes Proceed to question 10</p>	<p><input type="checkbox"/> No <b>STOP</b> Coverage not approved</p>
<p>10. Does the patient have a contraindication to, intolerance to, or have they failed treatment with one medication in the following category: topical calcineurin inhibitor (for example, pimecrolimus, tacrolimus)?</p>	<p><input type="checkbox"/> Yes Proceed to question 11</p>	<p><input type="checkbox"/> No <b>STOP</b> Coverage not approved</p>
<p>11. Is the patient using other immunobiologics concomitantly (for example, Humira, Stelara etc), other JAK inhibitors (for example, Xeljanz, Olumiant, Rinvoq), or potent immunosuppressants such as azathioprine or cyclosporine?</p>	<p><input type="checkbox"/> Yes <b>STOP</b> Coverage not approved</p>	<p><input type="checkbox"/> No Sign and date below</p>

**Step  
3**

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

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

**For Internal Use Only** Approved:

Duration of Approval: \_\_\_\_\_ month(s)

 Denied:

Authorized By:

 Incomplete/Other:

PA#:

Date Faxed to MD:

Date Decision Rendered: