

USFHP Prior Authorization Request Form for
ruxolitinib cream (**Opzelura**)

<p>9. How old is the patient?</p>	<input type="checkbox"/> 18 years of age or older - Proceed to question 10 <input type="checkbox"/> 12 to 17 years of age – Proceed to question 11 <input type="checkbox"/> Other – STOP Coverage not approved	
<p>10. Does the patient have a contraindication to, intolerability 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>	<input type="checkbox"/> Yes Proceed to question 12	<input type="checkbox"/> No STOP Coverage not approved
<p>11. Does the patient have a contraindication to, intolerability 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>	<input type="checkbox"/> Yes Proceed to question 12	<input type="checkbox"/> No STOP Coverage not approved
<p>12. Does the patient have a contraindication to, intolerability to, or have they failed treatment with one medication in the following category: topical calcineurin inhibitor (for example, pimecrolimus, tacrolimus)?</p>	<input type="checkbox"/> Yes Proceed to question 13	<input type="checkbox"/> No STOP Coverage not approved
<p>13. 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>	<input type="checkbox"/> Yes STOP Coverage not approved	<input type="checkbox"/> No Sign and date below

**Step
3**

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

Prescriber Signature

Date

[16 May 2023]