

## ruxolitinib phosphate cream (OPZELURA)

### Diagnoses Considered for Coverage:

- Atopic dermatitis
- Vitiligo

### Coverage Criteria:

#### For diagnosis of atopic dermatitis, approve if:

- Patient is at least 12 years old, **and**
- Inadequate response or intolerable side effect to ONE prescription-strength topical corticosteroid agent, or contraindication to the use of ALL prescription-strength topical corticosteroid therapy, **and**
- Inadequate response, intolerable side effect, or contraindication to a topical calcineurin inhibitor (e.g. pimecrolimus, tacrolimus), **and**
- Not used in combination with therapeutic biologics (e.g. Dupixent), other JAK inhibitors or potent immunosuppressants such as azathioprine or cyclosporine, **and**
- Dose does not exceed 60 grams per week.

#### For diagnosis of vitiligo:

- Patient is at least 12 years old, **and**
- Inadequate response or intolerable side effect to ONE of the following, or contraindication to all:
  - A topical corticosteroid in the medium, high, or very high potency group, **or**  
A topical calcineurin inhibitor [pimecrolimus (Elidel) or tacrolimus (Protopic)], **and**
- Dose does not exceed 60 grams per week.

### Coverage Duration: one year

Effective Date: 8/2/2023