



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 8, 2021

OPZELURA™ (ruxolitinib)

LENGTH OF AUTHORIZATION: Up to 2 months

INITIAL REVIEW CRITERIA:

- Patient must be ≥ 12 years of age.
- Patient must have a diagnosis of mild to moderate atopic dermatitis.
- Patient must not be immunocompromised.
- Documentation of trial and failure to Elidel cream or Protopic ointment; **AND**
- Trial and failure of at least two mild-moderate potency topical steroids. Contraindications, adverse effects and/or intolerance must be documented.

DOSING AND ADMINISTRATION:

- Available as 1.5% topical cream.
- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>