



## Opzelura™ Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:	Dosage Form:	
<input type="checkbox"/> Check if requesting <b>brand</b>			Directions for Use:		
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>					
Clinical Information (required)					
<b>Select the diagnosis below:</b>					
<input type="checkbox"/> Actopic dermatitis					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<b>Clinical information:</b>					
1. Does the patient have greater than or equal to 3% body surface area involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Does it involve sensitive body areas (e.g., face, hands, feet, scalp, groin)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Greater than or equal to 90 days of topical drug therapy with <b>one</b> of the following: corticosteroids, pimecrolimus and/or tacrolimus, crisaborole? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. Is the patient using concurrently with therapeutic biologics, other Janus kinase inhibitors, or potent immunosuppressants such as azathioprine or cyclosporine? <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. What is the requested quantity? _____					
6. How long will the patient be using Opzelura? _____					

**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**


Please note: This request may be denied unless all required information is received.  
For urgent or expedited requests please call 1-855-401-4262.  
This form may be used for non-urgent requests and faxed to 1-844-403-1029.

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