



Federal Employee Program.

Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.90.050

Section: Prescription Drugs

Effective Date: January 1, 2026

Subsection: Topical Products

Original Policy Date: October 22, 2021

Subject: Opzelura

Page: 1 of 9

Last Review Date: December 12, 2025

Opzelura

Description

Opzelura (ruxolitinib)

Background

Opzelura (ruxolitinib) is indicated for the topical treatment of mild to moderate atopic dermatitis and nonsegmental vitiligo. Atopic dermatitis, a chronic inflammatory skin disease, is often referred to as "eczema," which is a general term for the several types of inflammation of the skin. Atopic dermatitis is the most common of the many types of eczema and onset typically begins in childhood and can last through adulthood. The cause of atopic dermatitis is a combination of genetic, immune and environmental factors. Opzelura is a topical Janus kinase (JAK) inhibitor. Janus kinases (JAK1 and JAK2) are involved in a signaling cascade that recruits signal transducers and activators of transcription (STATs) to the nucleus leading to modulation of gene expression for many pathways including immune function (1).

Regulatory Status

FDA-approved indications: Opzelura is a Janus kinase (JAK) inhibitor indicated for: (1)

- the topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised adult and pediatric patients 2 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.
- the topical treatment of nonsegmental vitiligo in adult and pediatric patients 12 years of age and older.

Section:	Prescription Drugs	Effective Date:	January 1, 2026
Subsection:	Topical Products	Original Policy Date:	October 22, 2021
Subject:	Opzelura	Page:	2 of 9

Limitations of Use:

Use of Opzelura in combination with therapeutic biologics, other JAK inhibitors, or potent immunosuppressants such as azathioprine or cyclosporine is not recommended (1).

Opzelura has a boxed warning regarding serious infections. Serious infections have occurred in patients receiving oral JAK inhibitors and serious lower respiratory tract infections were reported by patients using topical ruxolitinib. Use in active, serious infection should be avoided. Risks and benefits should be carefully considered before using in patients with a history of or at an increased risk for: chronic or recurrent infection, opportunistic infection, or tuberculosis. All patients should be closely monitored for development of infection and treatment interrupted and permanently discontinued as appropriate (1).

Opzelura also carries boxed warnings for mortality and major adverse cardiovascular events (MACE). A higher risk of all-cause mortality, including sudden cardiovascular death was observed in clinical trials of oral JAK inhibitors. Additionally, these clinical trials recorded MACE, which includes fatal cardiovascular death, non-fatal myocardial infarction, and non-fatal stroke. The risks and benefits of treatment with Opzelura should be carefully considered before prior to initiating or continuing treatment (1).

The last boxed warnings are regarding malignancies and thrombosis. Lymphoma and other malignancies have been observed in patients treated with oral Janus kinase inhibitors. Non-melanoma skin cancers, including basal cell and squamous cell have occurred in patients treated with Opzelura. Thrombosis, including pulmonary embolism, deep venous thrombosis, and arterial thrombosis have occurred in patients treated with oral JAK inhibitors used to treat inflammatory conditions (1).

Opzelura has a maximum dose of 60 grams (one tube) per week or 100 grams (one tube) per 2 weeks. For pediatric patients 2 to 11 years of age, Opzelura has a maximum dose of 60 grams (one tube) per 2 weeks. The manufacturer notes that it expects typical use to be 3-4 tubes of medication per year (1-2).

The safety and effectiveness of Opzelura in patients less than 2 years of age with atopic dermatitis have not been established. The safety and effectiveness of Opzelura in patients less than 12 years of age with nonsegmental vitiligo have not been established (1).

Related policies

Eucrisa

Policy

Section:	Prescription Drugs	Effective Date:	January 1, 2026
Subsection:	Topical Products	Original Policy Date:	October 22, 2021
Subject:	Opzelura	Page:	3 of 9

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Opzelura may be considered **medically necessary** if the conditions indicated below are met.

Opzelura may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Mild to moderate atopic dermatitis (eczema)
 - a. 18 years of age or older
 - i. Inadequate treatment response, intolerance, or contraindication to **ONE** medication in **EACH** of the following categories:
 - 1) Topical calcineurin inhibitor (see Appendix I)
 - 2) **ONE** topical corticosteroid (see Appendix II)
 - a. **High** potency topical corticosteroid
 - b. Patients with lesions on face, neck, or skin folds
ONLY: low to medium potency topical corticosteroid
 - ii. Prescriber agrees that treatment will be stopped when signs and symptoms resolve **OR** that the patient will be treated for no longer than 8 weeks at a time
 - iii. Documented baseline evaluation of the condition using **ONE** of the following scoring tools:
 - 1) Investigator's Static Global Assessment (ISGA) score
(e.g., https://www.eczemacouncil.org/assets/docs/Validated-Investigator-Global-Assessment-Scale_vIGA-AD_2017.pdf)
 - 2) Eczema Area and Severity Index (EASI)
(e.g., <https://dermnetnz.org/topics/easi-score/>)
 - 3) Patient-Oriented Eczema Measure (POEM)
(e.g., <https://jamanetwork.com/data/Journals/DERM/11776/dea40003f1.png>)
 - 4) Scoring Atopic Dermatitis (SCORAD) index
(e.g., <https://dermnetnz.org/topics/scorad/>)
 - iv. **NO** dual therapy with another Topical Prior Authorization (PA) medication for AD (see Appendix 3)

Section:	Prescription Drugs	Effective Date:	January 1, 2026
Subsection:	Topical Products	Original Policy Date:	October 22, 2021
Subject:	Opzelura	Page:	4 of 9

b. 2 to 17 years of age

- i. Inadequate treatment response, intolerance, or contraindication to **ONE** medication in **EACH** of the following categories:
 - 1) Topical calcineurin inhibitor (see Appendix I)
 - 2) A topical corticosteroid (see Appendix II)
- ii. Prescriber agrees that treatment will be stopped when signs and symptoms resolve **OR** that the patient will be treated for no longer than 8 weeks at a time
- iii. Documented baseline evaluation of the condition using **ONE** of the following scoring tools:
 - 1) Investigator's Static Global Assessment (ISGA) score
(e.g., https://www.eczemacouncil.org/assets/docs/Validated-Investigator-Global-Assessment-Scale_vIGA-AD_2017.pdf)
 - 2) Eczema Area and Severity Index (EASI)
(e.g., <https://dermnetnz.org/topics/easi-score/>)
 - 3) Patient-Oriented Eczema Measure (POEM)
(e.g., <https://jamanetwork.com/data/Journals/DERM/11776/dea40003f1.png>)
 - 4) Scoring Atopic Dermatitis (SCORAD) index
(e.g., <https://dermnetnz.org/topics/scorad/>)
- iv. **NO** dual therapy with another Topical Prior Authorization (PA) medication for AD (see Appendix 3)

2. Nonsegmental vitiligo

- a. 12 years of age or older
- b. Inadequate treatment response, intolerance, or contraindication to **ONE** medication in **EACH** of the following categories:
 - i. Topical calcineurin inhibitor (see Appendix I)
 - ii. A topical corticosteroid (see Appendix II)
- c. Other causes of depigmentation (e.g., tinea versicolor, albinism, age spots, melasma, piebaldism, hypopigmented mycosis, pityriasis alba, etc.) have been ruled out

AND ALL of the following for **ALL** indications:

- a. Patient is **NOT** immunocompromised
- b. Prescriber agrees to evaluate patient for latent and active TB infections prior to and during treatment with Opzelura therapy, as appropriate
- c. **NO** active bacterial, invasive fungal, viral, or other opportunistic infections
- d. **NOT** used in combination with potent immunosuppressants, such as azathioprine or cyclosporine

Section:	Prescription Drugs	Effective Date:	January 1, 2026
Subsection:	Topical Products	Original Policy Date:	October 22, 2021
Subject:	Opzelura	Page:	5 of 9

- e. Prescriber has assessed the patient's risk factors for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, etc.) and determined that treatment with Opzelura therapy is appropriate

Prior – Approval Renewal Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Atopic dermatitis (eczema)
 - a. 2 years of age or older
 - b. Documented improvement using **ONE** of the following scores:
 - i. ISGA – decrease from baseline by at least 2 points
(e.g., https://www.eczemacouncil.org/assets/docs/Validated-Investigator-Global-Assessment-Scale_vIGA-AD_2017.pdf)
 - ii. EASI – decrease from baseline by at least 75%
(e.g., <https://dermnetnz.org/topics/easi-score/>)
 - iii. POEM – decrease from baseline by at least 3 points
(e.g., <https://jamanetwork.com/data/Journals/DERM/11776/dea40003f1.png>)
 - iv. SCORAD – decrease from baseline by at least 50%
(e.g., <https://dermnetnz.org/topics/scorad/>)
 - c. Prescriber agrees that treatment will be stopped when signs and symptoms resolve **OR** that the patient will be treated for no longer than 8 weeks at a time
 - d. **NO** dual therapy with another Topical Prior Authorization (PA) medication for AD (see Appendix 3)
2. Nonsegmental vitiligo
 - a. 12 years of age or older
 - b. Condition has improved or stabilized

AND ALL of the following for **ALL** indications:

- a. Patient is **NOT** immunocompromised
- b. **NO** active bacterial, invasive fungal, viral, or other opportunistic infections
- c. **NOT** used in combination with potent immunosuppressants, such as azathioprine or cyclosporine
- d. Prescriber has assessed the patient's risk factors for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking

Section:	Prescription Drugs	Effective Date:	January 1, 2026
Subsection:	Topical Products	Original Policy Date:	October 22, 2021
Subject:	Opzelura	Page:	6 of 9

history, etc.) and determined that treatment with Opzelura therapy is appropriate

Policy Guidelines

Pre – PA Allowance

None

Prior - Approval Limits

Atopic dermatitis

Quantity 4 tubes
Duration 12 months

Nonsegmental vitiligo

Quantity 12 tubes
Duration 12 months

Prior – Approval Renewal Limits

Same as above

Rationale

Summary

Opzelura (ruxolitinib) is a topical JAK inhibitor indicated for the treatment of mild to moderate atopic dermatitis and nonsegmental vitiligo. Opzelura carries boxed warnings regarding infection, mortality, malignancy, MACE, and thrombosis. Patients should be carefully evaluated for risks or benefits of treatment before initiating or continuing therapy. The safety and effectiveness of Opzelura in patients less than 2 years of age with atopic dermatitis have not been established. The safety and effectiveness of Opzelura in patients less than 12 years of age with nonsegmental vitiligo have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Opzelura while maintaining optimal therapeutic outcomes.

References

Section:	Prescription Drugs	Effective Date:	January 1, 2026
Subsection:	Topical Products	Original Policy Date:	October 22, 2021
Subject:	Opzelura	Page:	7 of 9

1. Opzelura [package insert]. Wilmington, DE: Incyte Corporation.; September 2025.
2. Opzelura (ruxolitinib) cream FDA Approval Call; Incyte Manufacturer Website; https://s21.q4cdn.com/114423841/files/doc_presentations/2021/Rux-Cream-approval-call_v31_no-notes.pdf; September 22, 2021.

Policy History

Date	Action
October 2021	Addition to PA
December 2021	Annual review
July 2022	Per PI update – addition of vitiligo to criteria noting that it is excluded from coverage
September 2022	Annual review
October 2022	Per FEP revised TB requirement to “Prescriber agrees to evaluate patient for latent and active TB infections prior to and during treatment with Opzelura therapy, as appropriate”
December 2022	Annual review
January 2023	Changed Appendix 2 and moved fluradrenolide tape to very high potency
March 2023	Annual review
September 2023	Annual review and reference update. Per SME, added indication of nonsegmental vitiligo
June 2024	Annual review and reference update
September 2024	Annual editorial review. Added Appendix 3 and revised requirements so the no dual therapy requirement only applies to AD
December 2024	Annual review and reference update. Per SME, added caveat that patients 18 or older with lesions on face, neck, or skin folds can t/f a low or medium potency topical corticosteroid
September 2025	Annual review
October 2025	Per PI update, lowered age limit for atopic dermatitis to 2 years of age and older
December 2025	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 12, 2025 and is effective on January 1, 2026.

Section: Prescription Drugs
Subsection: Topical Products
Subject: Opzelura

Effective Date: January 1, 2026
Original Policy Date: October 22, 2021
Page: 8 of 9

Appendix 1

Relative Potency of Topical Calcineurin Inhibitors		
Drug	Dosage Form	Strength
Medium Potency		
Tacrolimus	Ointment	0.1%
Low Potency		
Tacrolimus	Ointment	0.03%
Pimecrolimus	Cream	1%

Appendix 2

Relative Potency of Selected Topical Corticosteroids		
Drug	Dosage Form	Strength
Very high Potency		
Augmented betamethasone dipropionate	Ointment, Gel	0.05%
Clobetasol propionate	Cream, Ointment	0.05%
Diflorasone diacetate	Ointment	0.05%
Flurandrenolide	Tape	4 mcg/cm ²
Halobetasol propionate	Cream, Ointment	0.05%
High Potency		
Amcinonide	Cream, Lotion, Ointment	0.1%
Augmented betamethasone dipropionate	Cream, Lotion	0.05%
Betamethasone dipropionate	Cream, Ointment	0.05%
Betamethasone valerate	Ointment	0.1%
Desoximetasone	Cream, Ointment	0.25%
	Gel	0.05%
Diflorasone diacetate	Cream, Ointment (emollient base)	0.05%
Fluocinonide	Cream, Ointment, Gel	0.05%
Halcinonide	Cream, Ointment	0.1%
Triamcinolone acetonide	Cream, Ointment	0.5%
Medium Potency		
Betamethasone dipropionate	Lotion	0.05%

Section: Prescription Drugs
Subsection: Topical Products
Subject: Opzelura

Effective Date: January 1, 2026
Original Policy Date: October 22, 2021
Page: 9 of 9

Betamethasone valerate	Cream	0.1%
Clocortolone pivalate	Cream	0.1%
Desoximetasone	Cream	0.05%
Fluocinolone acetonide	Cream, Ointment	0.025%
Flurandrenolide	Cream, Ointment, Lotion	0.05%
Fluticasone propionate	Cream	0.05%
	Ointment	0.005%
Hydrocortisone butyrate	Ointment, Solution	0.1%
Hydrocortisone valerate	Cream, Ointment	0.2%
Mometasone furoate	Cream, Ointment, Lotion	0.1%
Prednicarbate	Cream, Ointment	0.1%
Triamcinolone acetonide	Cream, Ointment, Lotion	0.025%
	Cream, Ointment, Lotion	0.1%

Low Potency

Alclometasone dipropionate	Cream, Ointment	0.05%
Desonide	Cream	0.05%
Fluocinolone acetonide	Cream, Solution	0.01%
Hydrocortisone	Lotion	0.25%
	Cream, Ointment, Lotion,	0.5%
	Aerosol	
	Cream, Ointment, Lotion,	1%
	Solution	
	Cream, Ointment, Lotion	2.5%
Hydrocortisone acetate	Cream, Ointment	0.5%
	Cream, Ointment	1%

Appendix 3 – List of Topical PA Medications for Atopic Dermatitis (AD)

Generic Name	Brand Name
crisaborole	Eucrisa
roflumilast	Zoryve cream
ruxolitinib	Opzelura
tapinarof	Vtama