LISRAYA™ (brepocitinib) Authorization Checklist for Dermatomyositis

Patient Name:	Patient Date of Birth: / /

Diagnosis ☐ ICD-10 M33.1: Other dermatomyositis ☐ ICD-10 M33.9: Dermatopolymyositis

DOCUMENTING DIAGNOSIS

Diagnostic Features	Example Criteria	Documented
Characteristic Skin Findings	Heliotrope rash, Gottron's papules, Gottron's sign, shawl sign, V sign, holster sign, inverse palmar papules, calcinosis, Mechanic's hands, flagellate erythema, poikiloderma, scalp erythema.	☐
Proximal Muscle Weakness	Symmetric proximal weakness.	☐
Elevated Muscle Enzymes	CK, Aldolase, AST/ALT, or LDH.	☐
Electromyography (EMG)	Myopathic pattern present.	☐
MRI Evidence	Symmetric muscle edema on T2/STIR imaging with or without fascial/subcutaneous edema or fatty atrophy.	☐
Myositis-Specific Autoantibody (MSA)	Positive (e.g., Mi-2, TIF1-γ, MDA5, NXP2, SAE, Jo-1, PL-7, PL-12, EJ, OJ).	☐
Muscle Biopsy	Perifascicular myofiber atrophy, perimysial inflammatory infiltrate, perivascular inflammation and vasculopathy.	☐
Skin Biopsy	Interface dermatitis, cutaneous vasculopathy.	☐
Nailfold Capillaroscopy	Eriungual erythema, cuticular hypertrophy, capillary loop dilation/dropout, microhemorrhages, tufting.	☐
Other Associated Systemic Manifestations	Raynaud's phenomenon, interstitial lung disease, polyarthritis, myocarditis, esophageal dysfunction/dysphagia, vasculopathy.	☐
Exclude Other Causes	Thyroid-induced, statin-induced, and/or genetic muscular dystrophies ruled out.	☐

TIPS & EXAMPLES FOR DIAGNOSTIC FEATURES

Domain	Documentation Tip	Example Entry
Rash	Document characteristic skin findings present on exam (e.g., heliotrope rash, Gottron's papules, Gottron's sign) with date and location; include photo upload in chart).	Gottron papules overlying MCP and PIP joints, onset 3/15/26
Muscle Weakness	Note proximal > distal pattern, symmetric.	Note proximal > distal pattern, symmetric; 3/5 muscle strength in neck flexors, shoulder abductors, quadriceps bilaterally; difficulty swallowing
Enzymes	Record elevated CK, aldolase, AST/ALT, and/or LDH values and dates.	CK 1850 IU/L on 3/10/26
EMG Findings	Include report summary showing myopathic changes.	Short-duration, low-amplitude MUAPs with fibrillations
MRI Findings	Summarize location and edema pattern; attach report or images.	MRI thighs or pelvic girdle: symmetric muscle edema, consistent with myositis
MSA Panel	Record positive antibody with clinical correlation.	Anti-TIF1-γ positive; compatible with classic DM phenotype
Muscle Biopsy	Note histopathologic features if available.	Perifascicular atrophy, perivascular inflammation
Skin Biopsy	Include dermatopathology report .	Interface dermatitis, cutaneous vasculopathy
Nailfold Capillaroscopy	Include physical exam findings.	Dilated capillary loops, microhemorrhages consistent with DM
Other Systemic Work-up	Include HRCT, PFTs (FVC/DLCO if evidence of ILD.	ILD confirmed by HRCT and/or pulmonary function testing
Exclusion of Other Causes	List negative tests (e.g., thyroid, statin, dystrophy).	TSH normal, no statin exposure

MEDICAL HISTORY

Medication name	Dosage and Frequency	Duration of Use	Response to the Medication

CONTRAINDICATIONS

Medication Name	Reason for Contraindication

Reference tool

UpToDate®: Diagnostic approach to dermatomyositis
https://uptodate.uphs.upenn.edu/contents/image/print?imageKey=RHEU...771&search=dermatomyositis&source=outline_link&selectedTitle=1~150

Reach out to MyCompassSupport@priovant.com or 1-888-736-9788 if you have trouble accessing the above link.