

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2025 P 2317-3
Program	Prior Authorization/Medical Necessity
Medication	Litfulo™ (ritlecitinib)
P&T Approval Date	11/2023, 12/2024, 12/2025
Effective Date	3/1/2026

**1. Background:**

Litfulo (ritlecitinib) is a kinase inhibitor indicated for the treatment of severe alopecia areata in adults and adolescents 12 years and older.

*Limitations of Use:*

Not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, cyclosporine or other potent immunosuppressants

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. <u>Initial Authorization</u></b></p> <p>1. <b>Litfulo</b> will be approved based on <b>all</b> of the following criteria:</p> <p>a. Diagnosis of severe alopecia areata</p> <p style="text-align: center;"><b>-AND-</b></p> <p>b. Other causes of hair loss have been ruled out (e.g., androgenetic alopecia, cicatricial alopecias, secondary syphilis, tinea capitis, triangular alopecia, and trichotillomania)</p> <p style="text-align: center;"><b>-AND-</b></p> <p>c. Patient has a current episode of alopecia areata with at least 50% scalp hair loss</p> <p style="text-align: center;"><b>-AND-</b></p> <p>d. Patient is not receiving Litfulo in combination with <b>either</b> of the following:</p> <p>(1) Biologic immunomodulator or JAK inhibitor [e.g., Adbry (tralokinumab-ldrm), Cibinqo (abrocitinib), Dupixent (dupilumab), Ebglyss (lebrikizumab-lbkz), Leqselvi (deuruxolitinib), Nemluvio (nemolizumab-ilto), Olumiant (baricitinib), Rinvoq (upadacitinib)]</p> <p>(2) Potent immunosuppressant (e.g., azathioprine or cyclosporine)</p> <p style="text-align: center;"><b>-AND-</b></p> <p>e. Prescribed by or in consultation with a dermatologist</p> <p><b>Authorization will be issued for 12 months.</b></p>
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**B. Reauthorization**

1. **Litfulo** will be approved based on **both** of the following criteria:

a. Documentation of positive clinical response to Litfulo therapy

**-AND-**

b. Patient is not receiving Litfulo in combination with **either** of the following:

- (1) Biologic immunomodulator or JAK inhibitor [e.g., Adbry (tralokinumab-ldrm), Cibinqo (abrocitinib), Dupixent (dupilumab), Ebglyss (lebrikizumab-lbkz), Leqselvi (deuruxolitinib), Nemluvio (nemolizumab-ilty), Olumiant (baricitinib), Rinvoq (upadacitinib)]
- (2) Potent immunosuppressant (e.g., azathioprine or cyclosporine)

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and/or Step Therapy may be in place.

**4. References:**

1. Litfulo [package insert]. New York, NY: Pfizer, Inc.; June 2023.
2. Messenger AG, McKillop J, Farrant P, et al. British Association of Dermatologists' guidelines for the management of alopecia areata 2012. *Br J Dermatol.* 2012;166(5):916-926.
3. King BA, Mesinkovska NA, Craiglow B, et al. Development of the alopecia areata scale for clinical use: results of an academic-industry collaborative effort. *J Am Acad Dermatol.* 2022;86(2):359-364.
4. Meah N, Wall D, York K, et al. The Alopecia Areata Consensus of Experts (ACE) study: Results of an international expert opinion on treatments for alopecia areata. *J Am Acad Dermatol.* 2020;83(1):123-130.
5. King BA, Senna MM, Ohyama M, et al. Defining Severity in Alopecia Areata: Current Perspectives and a Multidimensional Framework. *Dermatol Ther (Heidelb).* 2022 Apr;12(4):825-834.

Program	Prior Authorization/Medical Necessity - Litfulo (ritilecitinib)
<b>Change Control</b>	
11/2023	New program.
12/2024	Annual review with no change to coverage criteria.

12/2025	Annual review. Updated combination examples and language with no change to clinical intent.
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