

Litfulo (ritlecinib)
Effective 12/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Litfulo is indicated for the treatment of severe alopecia areata in adults and adolescents 12 years and older.

Coverage Guidelines

Authorization may be granted for members new to Mass General Brigham Health Plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members meeting ALL the following criteria:

1. Member is at least 12 years of age
2. Member has a diagnosis of severe alopecia areata
3. Member has more than 50% scalp hair loss (e.g., Severity of Alopecia Tool [SALT] score of 50 or higher).
4. Other forms of alopecia have been ruled out (e.g., androgenetic alopecia, trichotillomania, telogen effluvium, chemotherapy-induced hair loss, tinea capitis)

Continuation of Therapy

Authorization may be granted for members for continued treatment when used for severe alopecia areata when provider attests to positive clinical response as evidenced by an improvement in signs and symptoms of alopecia from baseline (e.g., increased scalp hair coverage, 80% total scalp hair coverage [SALT score of 20 or less])

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

Litfulo 50mg	30 tablets per 30 days
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References

1. Litfulo [package insert]. New York, NY: Pfizer Inc.; June 2023.
2. King B, Zhang X, Harcha WG, et al. Efficacy and safety of ritlecitinib in adults and adolescents with alopecia areata: a randomised, double-blind, multicentre, phase 2b-3 trial. *Lancet*. 2023;401:1518-1529.
3. Testing for TB Infection. Centers for Disease Control and Prevention. Retrieved on July 3, 2023 from: <https://www.cdc.gov/tb/topic/basics/risk.htm>.

Review History

10/11/2023 - Reviewed at Sept P&T, Effective 12/1/2023

