

**Litfulo (ritlecitinib)**  
**Effective 01/01/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Litfulo (ritlecitinib) is a kinase inhibitor 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 the plan within the past 90 days 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:

Drug Name	Quantity Limit
Litfulo 50mg	30 tablets per 30 days

## 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

10/09/2024 – Reviewed at October P&T. No changes.

