Mass General Brigham
Health Plan

Leqselvi (deuruxilitinib)
Effective 01/01/2027

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Leqselvi (deuruxlitinib) is a Janus kinase (JAK) inhibitor indicated for the treatment of adults with severe alopecia areata.

Leqselvi is not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, cyclosporine, or other potent immunosuppressants.

Coverage Guidelines
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all the following criteria are met:

1. Member is 18 years of age or older
2. Diagnosis of severe alopecia areata
3. Member has at least 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
Requests for reauthorization will be approved when all of the following criteria are met:

1. Submission of medical records (e.g., chart notes) documenting improvement in signs and symptoms of alopecia areata from baseline (e.g., increased hair on scalp, eyebrows, eyelashes)

Limitations

1. Initial approvals will be granted for 36 weeks
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
Leqselvi tablet	2 tablets per day

References

1. Alopecia Areata. National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. https://www.niams.nih.gov/health-topics/alopecia-areata. Updated August 2024. Accessed October 7, 2024.
2. Eisman S, Sinclair R. Ritlecitinib: an investigational drug for the treatment of moderate to severe alopecia areata. *Expert Opin Investig Drugs*. 2021;30(12):1169-1174.
3. Gilhar A, Etzioni A, Paus R. Alopecia areata. *N Engl J Med*. 2012;366(16):1515-1525.
4. Gupta AK, Wang T, Polla Ravi S, et al. Systematic review of newer agents for the management of alopecia areata in adults: Janus kinase inhibitors, biologics and phosphodiesterase-4 inhibitors. *J Eur Acad Dermatol Venereol*. 2023;37(4):666-679.
5. King B, Senna MM, Mesinkovska NA, et al. Efficacy and safety of deuruxolitinib, an oral selective Janus kinase inhibitor, in adults with alopecia areata: results from the phase 3 randomized, controlled trial (THRIVE-AA1). *J Am Acad Dermatol*. 2024 Jul 23:S0190-9622(24)02550-7.
6. Leqselvi (deuruxolitinib) [prescribing information]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; June 2026.
7. Liu M, Gao Y, Yuan Y, et al. Janus kinase inhibitors for alopecia areata: a systematic review and meta-analysis. *JAMA Netw Open*. 2023;6(6):e2320351.
8. 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.
9. Mostaghimi A, Gao W, Ray M, et al. Trends in prevalence and incidence of alopecia areata, alopecia totalis, and alopecia universalis among adults and children in a US employer-sponsored insured population. *JAMA Dermatol*. 2023;159(4):411-418.
10. National Alopecia Areata Foundation. Related conditions. https://www.naaf.org/alopecia-areata/related-conditions/. 2024. Accessed October 7, 2024.
11. Ramírez-Marín HA, Tosti A. Evaluating the therapeutic potential of ritlecitinib for the treatment of alopecia areata. *Drug Des Devel Ther*. 2022;16:363-374.

Review History

09/10/2025 – Created and reviewed at September P&T. Effective 12/1/2025.
03/11/2026 – Reviewed and updated for March P&T. Administrative update - changing verbiage in reauthorization criteria from “documentation is submitted” to “submission of medical records (e.g., chart notes…” and updating language for members who are new to the Plan. Effective 05/01/2026.
09/09/2026 – Reviewed and updated at September P&T. Removing the requirement to have trial and failure with either Olumiant or Litfulo. Effective 01/01/2027.

