Mass General Brigham
Health Plan

Litfulo (ritlecitinib)
Effective 05/01/2026

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

LItfulo 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 for members meeting all of the following criteria:

1. Member is at least 12 years of age or older
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)

<u>Continuation of Therapy</u>
Requests for reauthorization will be approved when all of the following criteria are met:

1. Submission of medical records (e.g., chart notes) supporting 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	Quantity Limit
Litfulo tablet	1 tablet per day

References

1. Litfulo (ritlectibinib) [prescribing information]. 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.

Review History

10/11/2023 - Reviewed at Sept P&T, Effective 12/1/2023
10/09/2024 – Reviewed at October P&T. No changes.
09/10/2025 – Reviewed and updated at September P&T. Updated reauthorization criteria to require documentation of improvement. Updated initial approval length to 36 weeks. Effective 12/01/2025.
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.