

**Litfulo (ritlecitinib)**  
**Effective 12/01/2025**

<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 Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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.

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

**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 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)

**Continuation of Therapy**

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation is submitted 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.

