



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

RITLECITINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
RITLECITINIB TOSYLATE	LITFULO	49026		GPI-10 (9073106010)	

**GUIDELINES FOR USE**

**INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)**

1. Does the patient have a diagnosis of severe alopecia areata and meet **ALL** of the following criteria?
  - Therapy is prescribed by or in consultation with a dermatologist
  - The patient has had at least 50% scalp hair loss as measured by the Severity of Alopecia Tool (SALT) for more than 6 months
  - The patient is NOT utilizing other systemic biologics for alopecia areata or other JAK inhibitors for any indication (e.g., Xeljanz [tofacitinib IR or XR], Rinvoq [upadacitinib])

If yes, continue to #2.

If no, do not approve.

**DENIAL TEXT:** See the initial denial text at the end of the guideline.

2. Has the patient had a trial of or contraindication to **TWO** of the following (from different categories)?
  - Intralesional corticosteroid (e.g., triamcinolone acetonide)
  - Topical corticosteroid (e.g., fluocinolone acetonide, betamethasone dipropionate, clobetasol propionate)
  - Minoxidil (e.g., minoxidil 5% solution)
  - Short contact Anthralin
  - Topical immunotherapy (e.g., squaric acid dibutylester [SADBE], diphencyprone [DPCP])
  - Systemic treatment (e.g., psoralen plus UV-A [PUVA], cyclosporine, methotrexate, steroids such as prednisone)

If yes, continue to #3.

If no, do not approve.

**DENIAL TEXT:** See the initial denial text at the end of the guideline.

3. Is the patient 12 to 17 years of age?

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1 per day.**

If no, continue to #4.

4. Is the patient 18 years of age or older **AND** meet the following criterion?

- The patient had a trial of or contraindication to the preferred agent: Olumiant (baricitinib)

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1 per day.**

If no, do not approve.

**DENIAL TEXT:** See the initial denial text at the end of the guideline.

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PRIOR AUTHORIZATION GUIDELINES

RITLECITINIB

INITIAL CRITERIA (CONTINUED)

**INITIAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **RITLECITINIB (Litfulo)** requires the following rule(s) be met for approval:

- A. You have severe alopecia areata (a type of hair loss)
- B. You are 12 years of age or older
- C. Therapy is prescribed by or in consultation with a dermatologist (a type of skin doctor)
- D. You have had at least 50% scalp hair loss as measured by the Severity of Alopecia Tool (SALT: a type of disease evaluation tool) for more than 6 months
- E. You are NOT using other systemic biologics for alopecia areata or other JAK (Janus kinase) inhibitors for any indication (such as Xeljanz [tofacitinib immediate-release or extended-release], Rinvoq [upadacitinib])
- F. You had a trial of or contraindication (harmful for) to TWO of the following (from different categories):
  1. Intralesional corticosteroid (such as triamcinolone acetonide)
  2. Topical corticosteroid (such as fluocinolone acetonide, betamethasone dipropionate, clobetasol propionate)
  3. Minoxidil (such as minoxidil 5% solution)
  4. Short contact Anthralin
  5. Topical immunotherapy (such as squaric acid dibutylester [SADBE], diphencyprone [DPCP])
  6. Systemic treatment (such as psoralen plus UV-A [PUVA], cyclosporine, methotrexate, steroids such as prednisone)
- G. **If you are 18 years of age or older, approval also requires:**
  1. You have tried or have a contraindication (harmful for) to the preferred medication: Olumiant (baricitinib)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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PRIOR AUTHORIZATION GUIDELINES

RITLECITINIB

RENEWAL CRITERIA

1. Does the patient have a diagnosis of severe alopecia areata and meet **ALL** of the following criteria?
  - The patient has had improvement while on therapy (e.g., scalp hair coverage)
  - The patient is NOT utilizing other systemic biologics for alopecia areata or other JAK inhibitors for any indication (e.g., Xeljanz [tofacitinib IR or ER], Rinvoq [upadacitinib])

If yes, continue to #2.

If no, do not approve.

**DENIAL TEXT:** See the renewal denial text at the end of the guideline.

2. Is the patient 12 to 17 years of age?

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**

If no, continue to #3.

3. Is the patient 18 years of age or older **AND** meet the following criterion?

- The patient had a trial of or contraindication to the preferred agent: Olumiant (baricitinib)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**

If no, do not approve.

**RENEWAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **RITLECITINIB (Litfulo)** requires the following rule(s) be met for renewal:

- A. You have severe alopecia areata (a type of hair loss)
- B. You are 12 years of age or older
- C. You have had improvement while on therapy (such as scalp hair coverage)
- D. You are NOT using other systemic biologics for alopecia areata or other JAK (Janus kinase) inhibitors for any indication (such as Xeljanz [tofacitinib immediate-release or extended-release], Rinvoq [upadacitinib])
- E. **If you are 18 years of age or older, approval also requires:**
  1. You had a trial of or contraindication (harmful for) to the preferred medication: Olumiant (baricitinib)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RITLECITINIB**

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Litfulo.

**REFERENCES**

- Litfulo [Prescribing Information]. New York, NY: Pfizer; June 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 08/14/23

Created: 07/23

Client Approval: 08/23

P&T Approval: 04/23