

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2024 P 1422-32
Program	Prior Authorization/Notification
Medication	Litfulo™ (ritlecitinib)
P&T Approval Date	11/2023, 12/2024
Effective Date	3/1/2025

**1. Background:**

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

*Limitations of Use:*

Not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, cyclosporine or other potent immunosuppressants

**2. Coverage Criteria<sup>a</sup>:****A. Initial Authorization**

1. **Litfulo** will be approved based on **both** of the following criteria:

a. Diagnosis of severe alopecia areata

**-AND-**

b. Patient is not receiving Litfulo in combination with **either** of the following:

- (1) Targeted immunomodulator [e.g., Olumiant (baricitinib), Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orenzia (abatacept), adalimumab, Xeljanz (tofacitinib), Rinvoq (upadacitinib)]
- (2) Potent immunosuppressant (e.g., azathioprine or cyclosporine)

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Litfulo** will be approved based on **both** of the following criteria:

a. Documentation of positive clinical response to Litfulo therapy

**-AND-**

b. Patient is not receiving Litfulo in combination with **either** of the following:

- (1) Targeted immunomodulator [e.g., Olumiant (baricitinib), Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orenzia (abatacept), adalimumab, Xeljanz (tofacitinib), Rinvoq (upadacitinib)]

(2) Potent immunosuppressant (e.g., azathioprine or cyclosporine)

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits, Step Therapy, and/or Medical Necessity may be in place.

**4. References:**

1. Litfulo [package insert]. New York, NY: Pfizer, Inc.; June 2023.

Program	Prior Authorization/Notification - Litfulo (ritlecinib)
<b>Change Control</b>	
11/2023	New program.
12/2024	Annual review with no change to coverage criteria.