Original Effective Date: 11/29/2023
Current Effective Date: 11/29/2023
Last P&T Approval/Version: 10/25/2023
Next Review Due By: 10/2024
Policy Number: C26203-A

Litfulo (ritlecitinib) MNR

PRODUCTS AFFECTED

Litfulo (ritlecitinib)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Severe alopecia areata

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. SEVERE ALOPECIA AREATA:
REVIEWER NOTE: PLEASE FIRST REFER TO STATE AND LINE OF BUSINESS EXPLANATION OF BENEFITS TO DETERMINE IF HAIR LOSS/COSMETIC INDICATIONS ARE A COVERED BENEFIT
1. Documentation of diagnosis of severe alopecia areata

AND

2. Documentation current episode is of 6 months in duration or longer with no spontaneous regrowth at ANY point within the 6 months.
   AND
3. Prescriber attests that member hair loss encompasses 50% or more of the scalp [i.e., SALT (Severity of Alopecia Tool) score of 50 or higher]
   AND
4. Documentation of an inadequate response (for 6 months), serious side effects, or contraindication to topical immunotherapy OR oral corticosteroids for 6 weeks
   AND
5. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Litfulo (ritlecitinib) include: known hypersensitivity to ritlecitinib or any of its excipients, use of live vaccines, breastfeeding.]
   AND
6. (a) Prescriber attests, or clinical reviewer has found, member has had a negative TB screening* or TB test (if indicated) ** result within the last 12 months for initial and continuation of therapy requests
   *MOLINA REVIEWER NOTE: TB SCREENING assesses patient for future or ongoing TB exposure or risk and includes reviewing if they have been exposed to tuberculosis, if they have resided or traveled to areas of endemic tuberculosis, if patient resides or works in a congregate setting (e.g., correctional facilities, long-term care facilities, homeless shelters), etc.
   **MOLINA REVIEWER NOTE: TB SKIN TEST (TST, PPD) AND TB BLOOD TEST (QuantiFERON TB Gold, T-Spot) are not required or recommended in those without risk factors for tuberculosis
   OR
   (b) For members who have a positive test for latent TB, provider documents member has completed a treatment course (a negative chest x-ray is also required every 12 months) OR that member has been cleared by an infectious disease specialist to begin treatment
   AND
7. Member is not on concurrent treatment or will not be used in combination with TNF- inhibitor, biologic response modifier or other biologic DMARDs, Janus kinase Inhibitors, or Phosphodiesterase 4 inhibitor (i.e., apremilast, tofacitinib, upadacitinib) as verified by prescriber attestation, member medication fill history, or submitted documentation
   AND
8. Prescriber attests member does not have an active infection, including clinically important localized infections

CONTINUATION OF THERAPY:

A. SEVERE ALOPECIA AREATA:

REVIEWER NOTE: PLEASE FIRST REFER TO STATE AND LINE OF BUSINESS EXPLANATION OF BENEFITS TO DETERMINE IF HAIR LOSS/COSMETIC INDICATIONS ARE A COVERED BENEFIT

1. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
   AND
2. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
   AND
3. (a) Prescriber attests member has had a negative TB screening* or TB test (if indicated)** result within the last 12 months for initial and continuation of therapy requests
   MOLINA REVIEWER NOTE: TB SCREENING assesses patient for future or ongoing TB exposure or risk and includes reviewing if they have been exposed to tuberculosis, if they have

resided or traveled to areas of endemic tuberculosis, if patient resides or works in a congregate setting (e.g., correctional facilities, long-term care facilities, homeless shelters), etc.
**MOLINA REVIEWER NOTE: TB SKIN TEST (TST, PPD) AND TB BLOOD TEST (QuantiFERON TB Gold, T-Spot) are not required or recommended in those without risk factors for tuberculosis)
OR
(b) For members who have a positive test for latent TB, provider documents member has completed a treatment course (a negative chest x-ray is also required every 12 months) OR that member has been cleared by an infectious disease specialist to begin treatment
AND

4. Documentation of achievement of a SALT score of 20 or less [DOCUMENTATION REQUIRED]

DURATION OF APPROVAL:
Initial authorization: 6 months, Continuation of Therapy: up to 12 months total of therapy

PRESCRIBER REQUIREMENTS:
Prescribed by or in consultation with a board-certified dermatologist [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:
12 years of age and older

QUANTITY:
30 capsules per 30 days (50mg once daily)

PLACE OF ADMINISTRATION:
The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
oral

DRUG CLASS:
Alopecia Agents - Janus Kinus (JAK) Inhibitors

FDA-APPROVED USES:
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.*

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Alopecia areata (AA) is a chronic, relapsing disorder characterized by nonscarring hair loss. This autoimmune skin disorder usually effects the scalp and face but can affect hair on other parts of the body. Patients with limited AA (usually considered hair loss affecting <20% of the scalp surface area) tend to have unpredictable spontaneous remissions and relapses. Patients with moderate to severe AA tend to have a more chronic disease course with little to no remission periods. Hair is an important aspect of self-image, so the psychosocial impact of AA can be significant and often affects work and school life and attendance. Patients with AA are also at higher risk of developing other autoimmune and inflammatory conditions (e.g. atopic dermatitis, psoriasis, lupus erythematosus).

Intralesional corticosteroid injections are the preferred first-line treatment option in patients with limited (<25%) patchy hair loss. For larger areas and for patients who cannot tolerate the injection site pain, topical corticosteroids are another acceptable first-line therapy for AA.

For patients with extensive hair loss, topical immunotherapy with diphenylcyclopropenone (DPCP) or squaric acid dibutyl ester (SADBE) is generally the first-line therapy. The topical immunotherapy agents are potent contact allergens that are applied to the skin weekly to trigger an immune reaction, and it usually takes about 3 months for the hair to start to regrow. DPCP and SADBE are not commercially available in ready-to-use dosage forms. The chemicals are purchased from a chemical distributor, and then the product is compounded into a solution of the desired strength. For both agents, the maximum strength typically used is 2%. Treatment with DPCP or SADBE usually starts with a low concentration and is slowly worked up to a higher concentration to obtain a mild dermatitis reaction.

Systemic treatments are used in patients who are refractory to topical and intralesional therapies or for whom these therapies are inappropriate or infeasible.

Severity of Alopecia Tool

The Severity of Alopecia Tool (SALT) is a standardized tool to quantify hair loss on the scalp and is commonly used in clinical trials and in clinical practice. The SALT score ranges from 0 (no scalp hair loss) to 100 (total scalp hair loss); hair regrowth is reflected by a decrease in the SALT score. For example, a SALT score of 20 equates to 20% scalp hair loss, or
in other words, 80% scalp hair coverage. The SALT score indicates disease severity using the following ranges: no hair loss = 0; limited = 1–20; moderate = 21–49; severe = 50–94; and very severe = 95–100.

Litfulo (ritlecitinib)

The efficacy and safety of LITFULO were evaluated in one randomized, double-blind, placebo-controlled trial(Trial AA-I) in subjects 12 years of age and older with alopecia areata with ≥50% scalp hair loss, including alopecia totalis (AT) and alopecia universalis (AU).
Trial AA-I evaluated a total of 718 subjects who were randomized to one of the following treatment regimens for 48 weeks: 1) 200 mg once daily for 4 weeks followed by 50 mg once daily for 44 weeks; 2) 200 mg once daily for 4 weeks followed by 30 mg once daily for 44 weeks; 3) 50 mg once daily for 48 weeks; 4) 30 mg once daily for 48 weeks; 5) 10 mg once daily for 48 weeks; 6) placebo for 24 weeks followed by 200 mg once daily for 4 weeks and 50 mg once daily for 20 weeks; or 7) placebo for 24 weeks followed by 50 mg once daily for 24 weeks.

Across all treatment groups 62% of subjects were female, 68% were White, 26% were Asian, and 4% were
Black or African American. Most subjects (85%) were adults (≥18 years of age) with a mean age of 33.7 years. A total of 105 (15%) subjects 12 to <18 years of age and 20 (3%) subjects 65 years of age and older
were enrolled. The mean baseline Severity of Alopecia Tool (SALT) score ranged from 88.3 to 93.0 across
treatment groups: among subjects without AT/AU at baseline, the mean SALT score ranged from 78.3 to 87.0.
Most subjects had abnormal eyebrows (83%) and eyelashes (75%) at baseline across treatment.

groups. The median duration since alopecia areata diagnosis was 6.9 years and the median duration of the
current alopecia areata episode was 2.5 years. Randomization was stratified by AT/AU status with 46% of subjects classified as AT/AU based upon a baseline SALT score of 100.

Clinical Response

Assessment of scalp hair loss was based on the SALT score. At Week 24, a greater proportion of subjects had a SALT ≤20 response (20% or less of scalp hair loss) and SALT ≤10 response (10% or less of scalp hair loss) with LITFULO compared to placebo (Table 7).

Table 7. Proportion of Subjects with Response on the SALT Scale at Week 24

	LITFULO 50 mg QD (N=130) % Responders	Placebo (N=131) % Responders	Difference from Placebo (95% CI)
SALT ≤20 response[a]	23.0	1.6	21.4 (13.4, 29.5)
SALT ≤10 response[b]	13.4	1.5	11.9 (5.4, 18.3)

Abbreviations: CI = confidence interval; N = total number of subjects; QD = once daily; SALT = Severity of Alopecia Tool.

a. SALT ≤20 responders were subjects with scalp hair loss of ≤20%. SALT scores range from 0 to 100 with 0 = no scalp hair loss and 100 = total scalp hair loss.

b. SALT ≤10 responders were subjects with scalp hair loss of ≤10%.

The safety of LITFULO was evaluated in three randomized, placebo-controlled clinical trials and one long-term trial in subjects with alopecia areata, including alopecia totalis and alopecia universalis, who were 12 years of age and older. A total of 1628 subjects were treated with LITFULO representing 2085 subject-years of exposure. There were 1011 subjects with at least 1 year of exposure to LITFULO. In the placebo-controlled period of clinical trials in alopecia areata, a total of 668 subjects were exposed to LITFULO with 130 receiving 50 mg once daily for up to 24 weeks. The median age of subjects was 33 years, 105 (11.9%) subjects were 12 to <18 years old and 22 (2.5%) subjects were 65 years of age or older. The majority of subjects were White (70.7%) and female (63.6%)

A total of 2 (1.5%) subjects treated with LITFULO 50 mg were discontinued from the trials due to adverse reactions.

	LITFULO 50 mg N=130 n (%)	Placebo N=213 n (%)
Headache[b]	14 (10.8)	18 (8.5)
Diarrhea[c]	13 (10.0)	8 (3.8)
Acne[d]	8 (6.2)	10 (4.7)
Rash[e]	7 (5.4)	2 (0.9)
Urticaria	6 (4.6)	3 (1.4)
Folliculitis	4 (3.1)	4 (1.9)
Pyrexia	4 (3.1)	0
Dermatitis atopic	3 (2.3)	1 (0.5)
Dizziness	3 (2.3)	3 (1.4)
Blood creatine phosphokinase increased	2 (1.5)	0
Herpes zoster	2 (1.5)	0
Red blood cell count decreased	2 (1.5)	0
Stomatitis	2 (1.5)	0

a. Reported in ≥1% of subjects and at a higher rate than placebo for up to 24 weeks.
b. Headache includes headache and migraine.
c. Diarrhea includes diarrhea and frequent bowel movements.
d. Acne includes acne and acne pustular.
e. Rash includes rash and dermatitis allergic.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Litfulo (ritlecitinib) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Litfulo (ritlecitinib) include: hypersensitivity to ritlecitinib or any of its excipients.

OTHER SPECIAL CONSIDERATIONS:

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Litfulo (ritlecitinib) 50mg capsules- 28 count bottles

REFERENCES

1. Litfulo (ritlecitinib) [prescribing information]. New York, NY: Pfizer; June 2023.
2. Lee S, et al. Comorbidities in alopecia areata: a systematic review and meta analysis. J Am Acad Dermatol. 2019;80(2):466-477.e16.

3. King B, et al. Efficacy and safety of ritlecitinib in adults and adolescents with alopecia areata: a randomised, double-blind, multicentre, phase 2b-3 trial [published correction appears in Lancet. 2023;401(10392):1928]. Lancet. 2023;401(10387):1518−1529. doi:10.1016/S0140-6736(23)00222-2

SUMMARY OF REVIEW/REVISIONS	DATE
NEW CRITERIA CREATION	Q4 2023