Reference number(s)
7367-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☑
Standard Control Choice (SCCF)	☑
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Value (VF)	☐

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☑
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Combined Benefit Management (CBM)	☐
Combined Benefit Management Pharmacy (CBMP)	☐
Medical Benefit Managed Medicaid (MMMB)	☐

Exceptions Criteria
Alopecia Areata

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Control Formulary (SF), Standard Control Choice Formulary (SCCF), and Standard Formulary Chart (SFC).

Plan Design Summary

This program applies to the alopecia areata products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Alopecia Areata

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	• Litfulo (ritlecitinib)
Target	• Leqselvi (deuruxolitinib) • Olumiant (baricitinib)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Member has a documented inadequate response or intolerable adverse event with the preferred product (Litfulo).

References

1. Leqselvi [package insert]. Whippany, NJ: Sun Pharmaceuticals Industries, Inc.; July 2024.
2. Litfulo [package insert]. New York, NY: Pfizer Inc.; June 2023.
3. Olumiant [package insert]. Indianapolis, IN: Lilly USA, LLC; June 2022.