



# Pharmacy Drug Policy & Procedure

<b>Policy Name:</b>	<b>Alopecia Areata Products</b>	<b>Policy#:</b>	<b>3236P</b>
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## Purpose of the Policy

The purpose of this policy is to define coverage criteria for products used to treat severe alopecia areata including Olumiant and Litfulo.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of products used to treat severe alopecia areata including Olumiant and Litfulo under the specialty pharmacy benefit when the following criteria have been met.

## Criteria

### 1. Coverage Criteria

- 1.1 Diagnosis of severe alopecia areata defined as Severity of Alopecia Tool (SALT) score of  $\geq 50$  indicating at least 50% hair loss
- 1.2 Age 18 years or older for Olumiant, age 12 years or older for Litfulo
- 1.3 Current alopecia episode lasting at least 6 months without spontaneous regrowth
- 1.4 Prescribed by or in consultation with a dermatologist (skin doctor)
- 1.5 Documented trial and failure to one of the following therapies or clinical contraindication to all:
  - Oral (by mouth), intralesional (injection) or topical (applied to skin) corticosteroid
  - Topical (applied to the skin) immunotherapy (such as diphenylcyclopropenone or squaric acid dibutyl ester)
  - Conventional oral (by mouth) immunosuppressant (such as methotrexate or azathioprine)

### 2. Exclusion Criteria

- 2.1 Not covered for use in patients with a diffuse hair loss pattern or other forms of alopecia such as androgenic alopecia or chemotherapy (cancer treatment) induced hair loss
- 2.2 Cannot be used in combination with other JAK inhibitors, biologic immunomodulators, cyclosporine, or other potent immunosuppressants

### 3. Managed Dose Limit

- 3.1 #30 tablets/capsules per 30 days

### 4. Approval Period

- 4.1 Initial: 12 months
- 4.2 Reauthorization: 12 months with documentation of clinical improvement in hair regrowth, such as achievement of SALT score  $\leq 20$  or  $\geq 50\%$  regrowth of hair

## CPT Codes

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## HCPCS Codes

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## References

1. Meah N, Wall D, York K, et al. The Alopecia Areata Consensus of Experts (ACE) study: Results of an international expert opinion on treatments for alopecia areata. *J Am Acad Dermatol.* 2020 Jul;83(1):123-130.
2. Barton VR, Toussi A, Awasthi S, et al. Treatment of pediatric alopecia areata: A systematic review. *J Am Acad Dermatol.* 2022 Jun;86(6):1318-1334.

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### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.