

<b>POLICY NAME</b>	Alopecia Areata Products	<b>POLICY #</b>	3236P
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## Criteria

### Coverage Criteria

- ☐ Diagnosis of severe alopecia areata defined as Severity of Alopecia Tool (SALT) score of  $\geq 50$  indicating at least 50% hair loss
- ☐ Age 18 years or older for Olumiant, age 12 years or older for Litfulo
- ☐ Current alopecia episode lasting at least 6 months without spontaneous regrowth
- ☐ Prescribed by or in consultation with a dermatologist (skin doctor)
- ☐ 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)

### Exclusion Criteria – Any of the following prevents coverage

- ☐ 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
- ☐ Cannot be used in combination with other JAK inhibitors, biologic immunomodulators, cyclosporine, or other potent immunosuppressants