

POLICY NAME	Alopecia Areata Products	POLICY #	3236P
--------------------	--------------------------	-----------------	--------------

Criteria

Coverage Criteria

- ☐ **1.1** Diagnosis of severe alopecia areata defined as Severity of Alopecia Tool (SALT) score of ≥ 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)

Exclusion Criteria – Any of the following prevents coverage

- ☐ **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