

LETTER OF MEDICAL NECESSITY or PRIOR AUTHORIZATION TEMPLPATE FOR LITFULO

[Healthcare Provider Name]

[Title]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Request for Coverage of Litfulo (ritlecitinib) for Treatment of Alopecia Areata

To Whom It May Concern:

I am writing to formally request coverage for Litfulo (ritlecitinib) for my patient, [Patient's Full Name], who has been diagnosed with alopecia areata. As you are aware, alopecia areata is an autoimmune disease that causes unpredictable and often distressing hair loss, and it can significantly impact the mental and emotional well-being of those affected. After careful evaluation and treatment consideration, Litfulo has been prescribed as an appropriate therapeutic option for this patient's condition.

Medical Necessity of Litfulo for Alopecia Areata

Alopecia areata is a chronic, autoimmune disease in which the immune system mistakenly attacks hair follicles, leading to hair loss. Treatment options have been limited, and many existing therapies have suboptimal efficacy, side effects, or both.

Litfulo is the second Janus kinase inhibitor (JAK inhibitor) to receive FDA approval for severe alopecia areata. It is indicated for patients 12 years of age and older and offers an effective treatment for managing alopecia areata. [Recent clinical trials](#) and studies have demonstrated Litfulo's ability to promote hair regrowth in patients with moderate to severe alopecia areata.

This evidence supports the fact that Litfulo is not only a safe and effective treatment for alopecia areata but also represents a medically necessary option for patients who have not responded well to other therapies. Additionally, by improving the quality of life for patients and reducing

the psychological burden of alopecia areata, Litfulo may help mitigate the long-term healthcare costs associated with mental health treatment and therapy.

The treatment plan for [Patient's Full Name] includes Litfulo as a medically necessary intervention to control the progression of alopecia areata, encourage hair regrowth, and improve the patient's quality of life.

[Include patient's previous treatments/results here]

Given the distressing nature of this condition, the psychological impact of visible hair loss, and the failure of prior treatment options, Litfulo represents a necessary and appropriate option for achieving optimal therapeutic outcomes.

In light of the substantial clinical evidence supporting Litfulo's efficacy and safety profile, as well as its potential to improve both the physical and mental health of patients with alopecia areata, I respectfully request that [Insurance Company Name] provide coverage for this treatment.

Thank you for your time and consideration of this request. Please do not hesitate to contact me if you require any further information or clarification.

Sincerely,

[Name]

[Title]

[Contact Information]

Additional references:

[King, Brett, et al. "Efficacy and safety of ritlecitinib in adults and adolescents with alopecia areata: a randomised, double-blind, multicentre, phase 2b–3 trial." The Lancet 401.10387 \(2023\): 1518-1529.](#)

[King, Brett, et al. "Integrated safety analysis of ritlecitinib, an oral JAK3/TEC family kinase inhibitor, for the treatment of alopecia areata from the ALLEGRO clinical trial program." American Journal of Clinical Dermatology 25.2 \(2024\): 299-314.](#)

[Hordinsky, Maria, et al. "Efficacy and safety of ritlecitinib in adolescents with alopecia areata: Results from the ALLEGRO phase 2b/3 randomized, double-blind, placebo-controlled trial." Pediatric Dermatology 40.6 \(2023\): 1003-1009.](#)

[Chen, Li-Chi, et al. "Patient considerations when using ritlecitinib for alopecia areata in adolescents: Guidance for the clinicians." Skin Appendage Disorders \(2024\): 1-14.](#)