AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Leqselvi	Page:	1 of 2
Effective Date:	11/13/2024	Last Review Date:	8/27/2024

Applies to:	☒Illinois	☒New Jersey	☒Maryland
	☐Florida Kids	☒Pennsylvania Kids	☐Virginia

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Leqselvi under the patient's prescription drug benefit.

Description:

FDA-Approved Indication
Leqselvi is indicated for the treatment of adults with severe alopecia areata.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Leqselvi

Policy/Guideline:

Documentation
Submission of the following information is necessary to initiate the prior authorization review:

A. Initial requests: Chart notes or medical record documentation supporting more than 50% scalp hair loss (e.g., Severity of Alopecia Tool [SALT] score of 50 or higher).
B. Continuation requests: Chart notes or medical record documentation supporting positive clinical response (e.g., increased scalp hair coverage, 80% total scalp hair coverage [SALT score of 20 or less])

Prescriber Specialties
This medication must be prescribed by or in consultation with a dermatologist

Other
* If the screening testing for TB is positive, there must be further testing to confirm there is no active disease (e.g., chest x-ray).

Do not administer the requested medication to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of the requested medication.

Member cannot use the requested medication concomitantly with any other biologic drug, targeted synthetic drug, or potent immunosuppressant such as azathioprine or cyclosporine.

Criteria for Initial Approval:

Alopecia areata

Authorization of 12 months may be granted for adult members for treatment of severe alopecia areata when BOTH of the following criteria are met:

A. Member has more than 50% scalp hair loss (e.g., Severity of Alopecia Tool [SALT] score of 50 or higher).
B. Other forms of alopecia have been ruled out (e.g., androgenetic alopecia, trichotillomania, telogen effluvium, chemotherapy-induced hair loss, tinea capitis).

Criteria for Continuation of Therapy

Alopecia areata

Authorization of 12 months may be granted for all adult members (including new members) who are using the requested medication for severe alopecia areata AND who achieve or maintain a positive clinical response as evidenced by an improvement in signs and symptoms of the condition from baseline (e.g., increased scalp hair coverage, 80% total scalp hair coverage [SALT score of 20 or less]).

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit: Leqselvi (deuruxolitinib) 8 mg tablets: 60 tablets per 30 days

References:

1. Leqselvi [package insert]. Whippany, NJ: Halo Pharmaceutical Inc.; July 2024.
2. King B, Senna MM, Mesinkovska NA, et al. Efficacy and safety of deuruxolitinib, an oral selective Janus kinase inhibitor, in adults with alopecia areata: Results from the Phase 3 randomized, controlled trial (THRIVE-AA1). J Am Acad Dermatol. Published online July 23, 2024. doi:10.1016/j.jaad.2024.06.097.
3. Testing for TB Infection. Centers for Disease Control and Prevention. Retrieved on July 29, 2024 from: https://www.cdc.gov/tb/hcp/testing-diagnosis/index.html.