

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2025 P 1497-1
Program	Prior Authorization/Notification
Medication	Leqselvi™ (deuruxolitinib)*  *Leqselvi is excluded from coverage for the majority of our benefits.
P&T Approval Date	10/2025
Effective Date	1/1/2026

## 1. Background:

Leqselvi (deuruxolitinib) is a Janus kinase (JAK) inhibitor indicated for the treatment of adults with severe alopecia areata.

### *Limitations of Use:*

Leqselvi is not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, cyclosporine or other potent immunosuppressants

## 2. Coverage Criteria<sup>a</sup>:

### **A. Initial Authorization**

1. **Leqselvi** will be approved based on **both** of the following criteria:

a. Diagnosis of severe alopecia areata

**-AND-**

b. Patient is not receiving Leqselvi in combination with **either** of the following:

- (1) Systemic targeted immunomodulator [e.g., Litfulo (ritlecitinib), Olumiant (baricitinib)] for treatment of the same indication.
- (2) Potent immunosuppressant (e.g., azathioprine or cyclosporine)

**Authorization will be issued for 12 months.**

### **B. Reauthorization**

1. **Leqselvi** will be approved based on **both** of the following criteria:

a. Documentation of positive clinical response to Leqselvi therapy

**-AND-**

b. Patient is not receiving Leqselvi in combination with **either** of the following:

- (1) Systemic targeted immunomodulator [e.g., Litfulo (ritlecitinib), Olumiant (baricitinib)] for treatment of the same indication.

(2) Potent immunosuppressant (e.g., azathioprine or cyclosporine)

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

\*Leqselvi is excluded from coverage for the majority of our benefits. Tried/failed criteria may be in place. Please refer to plan specifics to determine exclusion status.

### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits, Step Therapy, and/or Medical Necessity may be in place.

### 4. References:

1. Leqselvi [package insert]. Whippany, NJ: Sun Pharmaceutical Industries, Inc; July 2024.

Program	Prior Authorization/Notification - Leqselvi (deuruxolitinib)
<b>Change Control</b>	
10/2025	New program.