

deuruxolitinib film-coated tablets (Leqselvi®)

Sun Pharma UK Limited

4 September 2026

The Scottish Medicines Consortium (SMC) has completed its assessment of the above product and, following review by the SMC executive, advises NHS Boards and Area Drug and Therapeutics Committees (ADTCs) on its use in NHSScotland. The advice is summarised as follows:

ADVICE: following an abbreviated submission

deuruxolitinib (Leqselvi®) is accepted for use within NHSScotland.

Indication under review: treatment of adult patients with severe alopecia areata.

Deuruxolitinib offers an additional treatment choice in the therapeutic class of Janus kinase (JAK) inhibitors.

This advice applies only in the context of approved NHSScotland Patient Access Scheme (PAS) arrangements delivering the cost-effectiveness results upon which the decision was based, or PAS/ list prices that are equivalent or lower.

Chair
Scottish Medicines Consortium

1. Clinical Context

1.1. Medicine background

Deuruxolitinib is a Janus kinase (JAK) inhibitor. The recommended dose is 8 mg orally twice daily, with or without food. All patients require a genotype test before initiation of deuruxolitinib treatment to assess cytochrome P450 2C9 (CYP2C9) status and identify those patients who should not receive deuruxolitinib. See the Summary of Product Characteristics (SPC) for details.¹

1.2. Relevant comparator(s)

Ritlecitinib is another JAK inhibitor that has been accepted for use by SMC (SMC2610). Ritlecitinib is licensed for the treatment of severe alopecia areata in adults and adolescents 12 years of age and older.²

2. Summary of Clinical Evidence

2.1. Evidence to support comparable efficacy with relevant comparators

There is no direct evidence comparing deuruxolitinib with ritlecitinib. The key evidence to support deuruxolitinib comes from two international, randomised, double-blind, phase III studies (THRIVE-AA1 and THRIVE-AA2). In both studies, a significantly greater proportion of patients achieved the primary outcome (a Severity of Alopecia Tool [SALT] score ≤ 20 at 24 weeks) with deuruxolitinib compared with placebo.^{1, 3-4}

The submitting company cited three published indirect treatment comparisons (ITCs) that compared the efficacy or safety of deuruxolitinib with other JAK inhibitors for alopecia areata, including ritlecitinib. Overall, the results suggest that deuruxolitinib is likely to have at least comparable efficacy to ritlecitinib.⁵⁻⁷

3. Patient and Carer Involvement

SMC engaged with relevant Patient Group Partners inviting them to provide additional insights into the potential impact of this medicine on patients and carers. Information provided by Alopecia UK was considered as part of the assessment process.

4. Company Estimate of Uptake and Budget Impact

4.1. Company's number of patients assumed to receive treatment

The company estimated that 21 patients would receive treatment with deuruxolitinib in year 1, increasing to 125 patients in year 3.

4.2. Budget impact assumption

Medicines reviewed under the abbreviated submissions process are estimated to have a limited net budget impact and resource allocation across NHS Scotland.

References

1. Sun Pharma UK Ltd. Deuruxolitinib film-coated tablets (Leqselvi®) Summary of product characteristics. MHRA Products www.products.mhra.gov.uk. Last accessed 17 April 2026.
2. Pfizer Ltd. Ritlecitinib hard capsules (Litfulo®). Summary of product characteristics. Electronic Medicines Compendium. www.medicines.org.uk Last updated 01 April 2025.
3. King B, Senna MM, Mesinkovska NA, Lynde C, Zirwas M, Maari C, 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). *Journal of the American Academy of Dermatology*. 2024;91(5):880–8. 10.1016/j.jaad.2024.06.097
4. Tsianakas A, Passeron T, Magnolo N, Blume-Peytavi U, Kelly V, Day I, et al. Efficacy and safety of deuruxolitinib, an oral selective Janus kinase 1/2 inhibitor, in adults with alopecia areata: Results from the THRIVE-AA2 Phase 3, randomized, double-blind, controlled trial. *Journal of the American Academy of Dermatology*. 10.1016/j.jaad.2025.11.070
5. Babul A, Mehta D, Soliman Y, Hussain M, Babul N. Comparative Efficacy of Janus Kinase Inhibitors Indicated for Severe Alopecia Areata: A Bayesian Network Meta-Analysis and Matching-Adjusted Indirect Comparison. *The Journal of Dermatology*. 2025;Online ahead of print. <https://doi.org/10.1111/1346-8138.17959>
6. Lebwohl M, Collins E, Teng Y, Stevens W, Barghout V, Shaikh A, et al. 62202 Network meta-analysis (NMA) of FDA-approved JAK inhibitors for alopecia areata (AA) with at least 50% hair loss per SALT score. *Journal of the American Academy of Dermatology*. 2025;93(3):AB255. 10.1016/j.jaad.2025.05.1012
7. Qi Z, Li Y. Safety of oral JAK inhibitors in treating alopecia areata: a systematic review and network meta-analysis. *Frontiers in Pharmacology*. 2025;16:1576553. 10.3389/fphar.2025.1576553

This assessment is based on data submitted by the applicant company up to and including 24 August 2026.

Medicine prices are those available at the time the papers were issued to SMC for consideration. SMC includes Scottish national contract prices in its decision-making. These contract prices are commercial in confidence and cannot be put in the public domain, including via the SMC Detailed Advice Document.

Patient Access Schemes (PAS): A PAS is a scheme proposed by a pharmaceutical company in order to improve the cost-effectiveness of a medicine and enable patients to receive access to cost-effective innovative medicines. The Patient Access Scheme Assessment Group (PASAG), established under the auspices of Public Services Delivery Scotland, reviews and advises NHS Scotland on the feasibility and acceptability on implementing proposed schemes. PASAG operates separately from SMC to maintain the integrity and independence of the assessment process of the SMC. When SMC accepts a medicine for use in NHS Scotland on the basis of a PAS that has been considered acceptable for implementation by PASAG, a set of guidance notes on the operation of the scheme will be circulated to health boards' Area Drugs and Therapeutics Committees prior to publication of SMC advice.

Advice context:

No part of this advice may be used without the whole of the advice being quoted in full.

This advice is based on the estimation of at least similar comparative efficacy and limited net budget impact compared with other medicinal products, within the same therapeutic class, that are in routine use within NHSScotland.

This advice represents the view of the Scottish Medicines Consortium and was arrived at after careful consideration and evaluation of the available evidence. It is provided to inform the considerations of Area Drug & Therapeutics Committees and NHS Boards in Scotland in determining medicines for local use or local formulary inclusion. This advice does not override the individual responsibility of health professionals to make decisions in the exercise of their clinical judgement in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.