

COLLABORATIVE VIRTUAL ROUNDTABLE:

Advancing Accurate
Classification for Vitiligo
& Alopecia Areata



INTRODUCTION

On Wednesday, January 21, 2026, the Derma Care Access Network, or DCAN, convened a Collaborative Virtual Roundtable bringing together patient advocates, clinicians, nonprofit organizations and industry partners to discuss the ongoing access barriers and burdens faced by patients living with vitiligo and alopecia areata.

Through expert presentations and an interactive discussion, participants explored the impact of these diseases beyond their visible symptoms, examined how outdated insurance coverage policies continue to limit access to FDA-approved therapies and supportive services, and identified opportunities for collective action to advance equitable, patient-centered access to care at both federal and state levels.





"It doesn't matter where you're from. Vitiligo has the potential to cause a significant burden to anyone."

VICTOR HUANG, MD

THE DISEASE BURDEN OF VITILIGO

**Victor Huang, MD, Global Vitiligo Foundation and
Director of Phototherapy at UC Davis Health**

Vitiligo is an autoimmune disorder that destroys special cells in the skin, causing lost skin pigment. Due to its visible nature, vitiligo is often perceived as a cosmetic condition. As a result, several state Medicaid programs deny coverage for vitiligo treatments based on cosmetic designation.

This burden is well documented in the literature: studies across 17 countries report substantial impacts on quality of life, emotional well-being, daily functioning, and psychosocial health, with greater affects among patients with more than five percent affected body surface area. Research has shown that nearly 30 percent of patients living with vitiligo have anxiety disorders, while almost 25 percent are living with depression. In addition, vitiligo is closely linked to other autoimmune conditions, particularly autoimmune thyroid disease, with individuals facing a 2.5 times higher risk of developing an additional autoimmune disorder. Together, these findings reinforce that vitiligo is not cosmetic—it is a chronic autoimmune disease that requires consistent, comprehensive and equitable access to medical care.



THE BURDEN OF ALOPECIA AREATA



Julie Wallace, PhD, National Alopecia Areata Foundation®

Alopecia areata is a chronic autoimmune disease characterized by non-scarring hair loss on the scalp, face and other areas of the body. It affects nearly 7 million Americans and more than two percent of the global population, with some studies suggesting a higher incidence among people of color. The disease ranges from small, well-defined patches of hair loss to complete loss of scalp hair or total body hair. In alopecia areata immune cells mistakenly attack hair follicles, producing inflammatory cytokines that disrupt the normal hair growth cycle, resulting in hair loss.

Similar to vitiligo, alopecia areata is often misunderstood as a cosmetic condition despite its autoimmune pathology and chronic nature. The burden extends well beyond physical symptoms. A recent study surveying adults with alopecia areata found that:



In the evolving treatment landscape for severe alopecia areata, since 2022, the FDA has approved three treatments: baricitinib for adults, ritlecitinib for adolescents (12+) and adults, and deuruxolitinib for adults, with additional therapies anticipated. These therapies are the first FDA-approved treatments for alopecia areata. However, treatment effectiveness is influenced by disease duration and extent of hair loss at treatment initiation. Because alopecia areata is a chronic autoimmune condition, consistent and long-term access to therapy is essential to maintain hair regrowth and prevent relapse—reinforcing the need for coverage policies that reflect the medical, not cosmetic, nature of the disease.



"Alopecia areata is a chronic disease that requires chronic treatment. When there's a disruption of treatment due to access issues, people lose their hair again."

JULIE WALLACE, PhD





“Despite FDA approvals of therapies for vitiligo and alopecia areata, outdated insurance coverage policies continue to undermine patient access to care.”

GABRIELLE DRAPER

TREATMENT MISCLASSIFICATION

Gabrielle Draper, Derma Care Access Network Collaborative

Despite FDA approvals of targeted therapies for both vitiligo and alopecia areata, outdated insurance CMS coverage policies continue to undermine patient access to care.

MEDICARE

Vitiligo	Alopecia Areata
Covered and listed as “non-cosmetic” under Part D Prescription Drug Manual.	Not covered and is not classified.

MEDICAID

Vitiligo	Alopecia Areata
Inconsistent coverage and does not follow Part D guidance.	Not covered and is not classified.



To date, at least 11 states explicitly exclude coverage of FDA-approved vitiligo treatments under Medicaid, often based on cosmetic classification rather than medical necessity. These states include Arizona, Alabama, New Hampshire, New York, Kansas, Rhode Island, North Dakota, South Dakota, Virginia, Vermont, and West Virginia.

Coverage for alopecia areata under Medicaid is even more limited. Currently, California is the only state that provides direct coverage for FDA-approved alopecia areata treatments, leaving most patients nationwide without meaningful access to medically necessary care.

The Value of Correcting Misclassification of Vitiligo and Alopecia Areata

Outdated Centers for Medicare & Medicaid Services, or CMS, coverage policies continue to classify many dermatologic treatments as cosmetic—even when strong clinical evidence demonstrates clear medical necessity. While recent progress has been made in recognizing the medical nature of vitiligo, significant gaps persist both for alopecia areata and for other chronic, immune-mediated or inflammatory skin diseases. This inconsistent approach contributes to inequitable access, delays in care and worsening patient outcomes. Roundtable participants agreed CMS must update its guidelines to reflect the full medical necessity of treatments across all skin conditions—not only those associated with irritation.

Correcting misclassification would also yield broader system-wide benefits, including:

- Reducing coverage inconsistencies across payers.
- Supporting innovation for ongoing research and development of novel dermatologic therapies.
- Aligning policy with public perception, allowing for education and data to shift perceptions—potentially influencing policymaker decision-making.

Outdated CMS coverage policies continue to classify many dermatologic treatments as cosmetic—even when strong clinical evidence demonstrates clear medical necessity.



Why a Multi-Stakeholder Approach is Essential

Participants emphasized that meaningful policy change will require coordinated collaboration among patients, providers, advocates and policymakers. Three shared priorities emerged:

- Raising awareness of the psychosocial burden of vitiligo and alopecia areata.
- Exposing coverage inconsistencies across conditions and payers.
- Driving action at the federal and state policy levels.

A PATH FORWARD

Through expert discussions and interactive dialogue, roundtable participants identified clear opportunities to advance a coordinated strategy that engages both federal legislators and CMS officials.

The discussion highlighted concrete pathways for progress—from modernizing CMS guidance and elevating patient experiences to strengthening cross-stakeholder collaboration and driving consistent policy reform at the federal and state levels. The roundtable reinforced the dermatology community’s shared commitment to correcting outdated classifications, addressing coverage inconsistencies and ensuring that individuals living with vitiligo and alopecia areata can access the comprehensive, medically necessary care that they deserve.





About Derma Care Access Network

The Derma Care Access Network sponsors educational initiatives and advocacy programs designed to encourage informed policymaking about the benefits of access to approved therapies and appropriate



@dermacareaccess



@dermacareaccess



@derma-care-access-network

dermacareaccess.org