

ALOPECIA AREATA

Alopecia areata is an autoimmune condition in which the immune system targets hair follicles, causing patchy or complete hair loss on the scalp and body.

Alopecia areata is not a cosmetic condition. Although the primary symptom is hair loss, alopecia areata is also linked to mental health conditions and other health conditions such as thyroid disease, rheumatoid arthritis and diabetes. People with alopecia areata are also more prone to sunburn and eye irritation.

CLASSIFICATION

Insurance coverage of treatments for alopecia areata is highly variable and restricted. Several medications known as JAK inhibitors are approved to treat moderate-to-severe alopecia areata, but health plan coverage may prove to be a challenge for some patients.

Medicaid

State Medicaid plans can deny coverage for “cosmetic” treatments under the Social Security Act. Around 53% of state Medicaid plans cover both JAK inhibitors. But between 91% and 96% of plans require prior authorization for these medications.

TRICARE

TRICARE, the federal health program for active service members, retirees and their families, also restricts access to alopecia areata treatments. The TRICARE Policy Manual specifies that treatment “intended to encourage hair regrowth” is excluded from coverage. This guideline restricts coverage of JAK inhibitors for beneficiaries with alopecia areata.

Further complicating matters, active service members may be disqualified from deployment if they take a JAK inhibitor for their alopecia areata because the medications are classified as immunomodulators.

MEETING PATIENTS’ NEEDS

New FDA-approved treatments such as JAK inhibitors have significantly improved treatment options for people with alopecia areata. These treatments are designed to block the immune system’s attack on hair follicles, allowing hair regrowth. Yet inconsistencies and barriers in insurance coverage prevent patients from accessing these treatments. As new treatments emerge, patients may face continued barriers.

All patients with alopecia areata deserve access to treatment. Policymakers must ensure that health plans cover dermatological treatments for alopecia areata and do not exclude them as “cosmetic.”

