Alopecia Areata Treatment

| Origination: 11/10/10 | Revised: 09/01/17 | Annual Review: 11/07/19 |

**Purpose:**

To provide Alopecia Areata treatment guidelines for Population Health and Provider Alliances associates to reference when making determinations.

**Definition**

- Alopecia Areata (AA) is a condition in which hair is lost from some or all areas of the body, usually from the scalp. The condition is thought to be an autoimmune disorder in which the body attacks its own hair follicles and suppresses or stops hair growth. There is evidence that T cell lymphocytes cluster around these follicles, causing inflammation and subsequent hair loss. An unknown environmental trigger such as emotional stress or a pathogen is thought to combine with hereditary factors to cause the condition.

**Coverage Guidelines**

A. The following treatments are medically necessary for mild alopecia areata (less than 50% loss of scalp hair):

   1. Anthralin (Dithranol, Drithocreme);
   2. Glucocorticoid (topical, intralesional).

B. The following treatments are medically necessary for extensive alopecia areata (greater than 50% loss of scalp hair):

   1. Anthralin (Dithranol, Drithocreme);
   2. Glucocorticoid (topical, intralesional, oral);
   3. Psoralen (oral or topical) photochemotherapy (PUVA).

C. The following topical immunotherapies are medically necessary for extensive alopecia areata (greater than 50% loss of scalp hair) when conventional therapies have failed:

   1. Diphenylcyclopropenone [DPCP/DCP];
   2. Squaric acid dibutyl ester [SADBE].
**Alopecia Areata Treatment**

**Exclusion Criteria**

The following therapies (including, but not limited) are considered experimental and investigational for Alopecia Areata as their effectiveness has not been established by peer-reviewed medical literature:

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Therapy</th>
<th>Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adalimumab</td>
<td>Etanercept</td>
<td>Photodynamic therapy</td>
</tr>
<tr>
<td>Alefacept</td>
<td>Excimer laser</td>
<td>Topical Minoxidil (Rogaine)</td>
</tr>
<tr>
<td>Bexaroten</td>
<td>Extracorporeal photopheresis</td>
<td>Topical nitrogen mustard</td>
</tr>
<tr>
<td>Capsaicin</td>
<td>Finasteride (Propecia)</td>
<td>Topical pimecrolimus</td>
</tr>
<tr>
<td>Cyclosporine</td>
<td>Infliximab</td>
<td>Topical tacrolimus</td>
</tr>
<tr>
<td>Dinitrochlorobenzene (DNCB)</td>
<td>Inosiplex</td>
<td>Ustekinumab</td>
</tr>
<tr>
<td>Efalizumab</td>
<td>Latanoprost</td>
<td>Vitamin D therapy</td>
</tr>
</tbody>
</table>

**References:**


Alopecia Areata Treatment


Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed’s benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.