



Alopecia Areata Treatment

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Purpose:

To provide Alopecia Areata treatment guidelines for the Medical Department staff to reference when making determinations.

Medical Summary

- 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, Drithocreame);
 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, Drithocreame);
 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].



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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:

Adalimumab	Etanercept	Photodynamic therapy
Alefacept	Excimer laser	Topical Minoxidil (Rogaine)
Bexaroten	Extracorporeal photopheresis	Topical nitrogen mustard
Capsaicin	Finasteride (Propecia)	Topical pimecrolimus
Cyclosporine	Infliximab	Topical tacrolimus
Dinitrochlorobenzene (DNCB)	Inosiplex	Ustekinumab
Efalizumab	Latanoprost	Vitamin D therapy

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