

Alopecia Areata Treatment

Origination: 11/10/10	Revised:	Annual Review: 12/15/11
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Purpose:

The Medical Technology Assessment Committee will review published scientific literature and information from appropriate government regulatory bodies (when available) related to *Alopecia Areata Treatment* in order to determine inclusion in the benefit plan.

Recommendation:

A recommendation was made by the MTAC following discussion by committee members based on current literature:

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, Drithocrema);
 2. Glucocorticoid (topical, intralesional).
- B. The following treatments medically necessary for extensive alopecia areata (greater than 50% loss of scalp hair):
 1. Anthralin (Dithranol, Drithocrema);
 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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Recommendation, continued:

- ***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

References:

1. Sharma VK. Pulsed administration of corticosteroids in the treatment of alopecia areata. *Int J Dermatol.* 1996;35(2):133-136.
2. Orecchia G, Malagoli P, Santagostino L. Treatment of severe alopecia areata with squaric acid dibutylester in pediatric patients. *Pediatr Dermatol.* 1994;11(1):65-68.
3. Shapiro J, Tan J, Ho V, et al. Treatment of chronic severe alopecia areata with topical diphenylcyclopropenone and 5% minoxidil: A clinical and immunopathologic evaluation. *J Am Acad Dermatol.* 1993;29(5 Pt 1):729-735.
4. Van der Steen PH, Boezeman JB, Happle R. Topical immunotherapy for alopecia areata: Re-evaluation of 139 cases after an additional follow-up periods of 19 months. *Dermatology.* 1992;184(3):198-201.
5. Hull SM, Pepall L, Cunliffe WJ. Alopecia areata in children: Response to treatment with diphenylcyclopropenone. *Br J Dermatol.* 1991;125(2):164-168.
6. National Alopecia Areata Foundation (NAAF) [Web Site]. San Rafael, CA: NAAF; 2002..
7. United States Pharmacopeial Convention, Inc. USP Dispensing Information. Vol I-Drug Information for the Health Care Professional. 19th ed. Englewood, CO: Micromedex, Inc.; 1999;1465-1468, 2021-2023.
8. American Academy of Dermatology Committee on Guidelines of Care. Guidelines of care for phototherapy and photochemotherapy. *J Am Acad Dermatol.* 1994;31(4):643-648.
9. Buckley DA, Du Vivier AW. The therapeutic use of topical contact sensitizers in benign dermatoses. *Br J Dermatol.* 2001;145(3):385-405.
10. Cotellessa C, Peris K, Caracciolo E, et al. The use of topical diphenylcyclopropenone for the treatment of extensive alopecia areata. *J Am Acad Dermatol.* 2001;44(1):73-76.
11. Freyschmidt-Paul P, Hoffmann R, Levine E, et al. Current and potential agents for the treatment of alopecia areata. *Curr Pharm Des.* 2001;7(3):213-230.

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References, continued:

12. Behrens-Williams SC, Leiter U, Schiener R, et al. The PUVA-turban as a new option of applying a dilute psoralen solution selectively to the scalp of patients with alopecia areata. *J Am Acad Dermatol.* 2001;44(2):248-252.
13. Zakaria W, Passeron T, Ostovari N, et al. 308-nm excimer laser therapy in alopecia areata [letter]. *J Am Acad Dermatol.* 2004;51(5):837-838.
14. Delamare FM, Sladden MJ, Dobbins HM, Leonardi-Bee J. Interventions for alopecia areata. *Cochrane Database Syst Rev.* 2008;(2):CD004413.
15. Dall'oglio F, Nasca MR, Musumeci ML, et al. Topical immunomodulator therapy with squaric acid dibutylester (SADBE) is effective treatment for severe alopecia areata (AA): Results of an open-label, paired-comparison, clinical trial. *J Dermatolog Treat.* 2005;16(1):10-14.
16. Garg S, Messenger AG. Alopecia areata: Evidence-based treatments. *Semin Cutan Med Surg.* 2009;28(1):15-18.

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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.