

Executive summary

Alopecia areata: A global perspective of a disease that extends beyond hair loss

Approximately 0.1% to 0.58% of the world's population is diagnosed with alopecia areata (AA).¹⁻⁴ AA is an autoimmune disease that affects any gender and all skin types.⁵ It can occur at any age but is found to be more prevalent in younger age groups.⁶ AA is unpredictable, with spontaneous regrowth of sections of hair occurring in 80% of patients within the first year, followed by sudden relapse.⁶ The more extensive the hair loss becomes, the more likely the disease will become chronic and not remit without treatment.⁷ Severe subtypes are characterised by loss of over half of the hair on the scalp or even with total body hair loss.⁸ AA can have a devastating impact on the quality of life and psychological wellbeing of patients.⁷

Recognising AA as an autoimmune condition that needs appropriate treatment

Until recently, there were no regulatory-approved treatments available for patients with AA—just several therapies used off-label to manage the condition. With the current lack of formal treatment guidelines, patients are prescribed a variety of therapeutics for AA, with limited effectiveness and a safety profile that limits long-term use.⁹ This makes it difficult for healthcare providers to treat patients with AA effectively over time. As a result, patients with AA are unsatisfied with their current treatment options, leading to hopelessness and despair.¹⁰

Mental health and social impacts of AA

AA is not just the loss of one's hair; the disease can also have a devastating psychological impact. Patients with AA often experience a variety of mental health issues related to their hair loss, such as anxiety and depression.¹¹ Many patients reported that AA had a marked impact on their self-identity, self-esteem, and self-confidence, an impact that did not abate over time.¹⁰ Much of the public continues to incorrectly regard AA as a cosmetic or communicable disease. Many patients with AA experience diminished health-related quality of life, but patients with AA often report feeling that their concerns are dismissed.⁷ Mortality risk associated with intentional self-harm and psychiatric diseases is shown to be increased in patients with AA compared to individuals without AA.¹² Transitioning the view of AA is vital; thinking of AA as simply "hair loss" diminishes the suffering of many with the disease, under-recognises the autoimmune nature of this condition, and lessens the importance of providing reimbursement for treatment.

The economic impact of AA

Beyond the physical and mental health impact of AA, there comes a financial impact of AA for patients and the healthcare system. Patients with AA may face significant out-of-pocket costs. These costs are from copayment associated with medically covered services for AA and comorbid conditions, as well as other interventions not covered by insurance. For example, many patients with AA reported use of restorative interventions such as wigs or make-up as camouflage, and/or dietary changes or supplements.¹⁰ All of this is compounded by work productivity and activity impairment due to AA.^{13,14} Mitigating the high out-of-pocket costs faced by patients with AA by enabling access to medical and restorative treatments is key to lessening the burden of patients.

Reimbursement policies must ensure access to regulatory-approved treatments for AA

AA should not be overlooked as a cosmetic condition by payers but should be regarded at the same level as psoriasis or other autoimmune diseases of the skin, as the burden is described to be similar. Given the suboptimal treatment options, there is an unmet need for efficacious long-term treatment options.

In the coming years, payers and policymakers worldwide need to ensure that reimbursement policies for new regulatory-approved therapies guarantee patient access and affordability. Reimbursement of regulatory-approved treatments will bring stability, reduce the psychological burden, and improve quality of life for patients with AA.

Dermatologic conditions such as psoriasis provide a great example of how supporting emerging treatments by removing reimbursement hurdles facilitates innovative and effective treatments for patients.¹⁵ With several shared characteristics between AA and covered dermatologic conditions, there is no question that future regulatory-approved treatments for AA should be reimbursed by payers and national health systems.

Changing the path forward for AA patients by addressing their unmet needs

Innovative regulatory-approved treatments for AA should be covered and made available to patients.

There are actions payers and policymakers can take to improve the lives of patients suffering from AA and address their unmet needs—by recognising the autoimmune nature of this condition, enabling access to effective treatment, and managing the major life impact AA has on patients:

- 01 Officially recognise AA as an autoimmune disorder like psoriasis, atopic dermatitis, or other autoimmune diseases of the skin
- 02 Capture the medical and therapeutic advances for AA in physician-developed treatment guidelines
- 03 Ensure appropriate and equitable access and reimbursement appraisals for treatments for AA once they become available
- 04 Recognise the nature of AA when developing access guidelines and reimbursement criteria (e.g. hair grows minimally every 2 months and the potential for relapse)
- 05 Where applicable, ensure that cost-sharing is affordable for patients on a monthly and annual basis and comparable to other autoimmune dermatologic diseases, such as atopic dermatitis or psoriasis
- 06 Support people with AA in accessing healthcare, treatment, and available resources to help manage the psychological impact associated with the disease
- 07 Identify any health disparities and promote health equality by ensuring access to innovative treatments for patients—regardless of income or socioeconomic status

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