National Alopecia Areata Foundation™

NAAF position statement: Opposition to non-medical switching of JAK inhibitor treatment of alopecia areata

Non-medical switching refers to the practice of payer-mandated treatment change for non-medical reasons. Insurers and pharmacy benefit managers (PBMs) often institute policies requiring patients to switch treatments as a result of financial incentives provided by pharmaceutical companies. These incentives are rarely passed on to patients in terms of savings on out-of-pocket costs. In addition to failure to achieve cost savings, patients and their healthcare providers may be negatively impacted by such policies through exacerbation of disease symptoms, leading to worse outcomes and increased utilization of healthcare resources.

Some patients undergoing treatment for severe alopecia areata with an FDA-approved medication have recently received letters from their insurance company notifying them that their provider's request to continue their current, effective treatment has been denied because a formulary change has moved a different treatment for alopecia areata to "preferred" status (i.e., "non-medical switching"). The National Alopecia Areata Foundation's Scientific Advisory Task Force firmly opposes this practice and believes that treatment choices are best determined by shared decision-making between the patient and their prescribing healthcare provider.

Alopecia areata is an autoimmune disease that requires long-term treatment. Currently, the most effective treatments to manage the disease all target the JAK-STAT pathway. However, the FDA-approved JAK inhibitors for alopecia areata – Olumiant (baricitinib), Litfulo (ritlecitinib), and Leqselvi (deuruxolitinib) - are not the same, differing in their selectivity and side effect profiles (1-3). The unique pharmacokinetic and pharmacodynamic profile of each treatment means a patient who experiences hair regrowth with one treatment may not achieve the same outcomes with a different one (4-6). The demand to switch treatment for alopecia areata assumes that all JAK inhibitors are identical in their pharmacological profiles and that all patients respond to these treatments in the same way. This assumption does not reflect the realities of clinical practice.

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Forcing a patient with alopecia areata to switch treatment for non-medical reasons can disrupt well-controlled disease and negatively impact patient outcomes, resulting in the loss of newly regrown hair. In clinical practice, health care providers see patients who have successfully responded to one JAK inhibitor and experienced significant hair regrowth then lose their hair again upon switching to a different JAK inhibitor.(7, 8) This can be devastating to patients.

Unlike other inflammatory skin diseases (e.g., atopic dermatitis and psoriasis) where disease improvement can occur within weeks, hair can take up to 12 to 24 months to regrow when a patient responds to treatment (9, 10). By requiring patients to switch JAK inhibitor treatment for their alopecia areata, nonmedical switching practices enacted by insurers and pharmacy benefit managers needlessly put patients at risk of losing their hair again – a devastating setback to patients and their families.

NAAF and the community of hair loss experts steadfastly oppose non-medical switching of JAK inhibitors for the treatment of alopecia areata. Switching JAK inhibitors is not a decision to be made lightly and, like all healthcare decisions, should be determined by the prescribing healthcare provider and their patient, not by changing formularies.

Sincerely,

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