New U.S. Treatment Recommendations for Adults with Severe Alopecia Areata (AA)

Since FDA-approved treatments have become commercially available for alopecia areata (AA), expert dermatologists have been working to develop a framework for treatment recommendations.

In September 2026, these new treatment recommendations were published in JAMA Dermatology. This resource is meant to provide you with an overview of the recommendations for you to review and discuss with your healthcare provider.

What do these new recommendations mean for me?

- Experts recommend FDA-approved JAK inhibitors as the preferred treatment for adults with severe AA
- AA is more than hair loss. Eyebrow and eyelash loss, emotional impact, and treatment-resistant disease are all important considerations when determining severity and treatment options

What are the treatment recommendations?

Experts recommend **FDA-approved oral JAK inhibitors** as the **first-line (preferred)** treatment for adults with severe AA.

The recommendations indicate that JAK inhibitor treatment:

- Requires ongoing use
- May take at least 6 to 12 months to show results. If you're not responding well on one oral JAK inhibitor, your healthcare provider might switch you to another
- Uses FDA-approved oral JAK inhibitors over off-label JAK inhibitors

Your healthcare provider may recommend additional (adjunctive) therapies in combination with an oral JAK inhibitor to support regrowth, including:

- Oral minoxidil
- Topical treatments
- Corticosteroid injections

Is my alopecia areata severe?

You may be diagnosed with severe alopecia areata if:

✓ You have lost half (50%) or more of the hair on your scalp

OR

✓ You have lost 20–49% of your scalp hair and one or more of the following:

- Significant emotional or social impact
- Noticeable eyebrow or eyelash loss
- Hair loss that continues to worsen or has not improved with treatment after 6 months

Access the publication and learn more about the treatment recommendations at naaf.org/treatment-recs.

Managing the full impact of alopecia areata

The new recommendations recognize AA is more than hair loss. Healthcare providers are encouraged to discuss supportive measures.

Wigs (cranial prostheses) and hairpieces. Healthcare providers are encouraged to write letters of medical necessity for insurance reimbursement and appeal denials, if needed.

Mental health support. Some people might seek a referral for specialized mental health care.

Peer support, community connections, and patient advocacy resources from organizations such as NAAF.

Ref:

- JAMA Dermatology, 2026. In press.
- King BA, et. al., J Am Acad Dermatol. 2022 Feb;86(2):359-364.