

RE: Endorsement of Legislation to Ensure Medicaid Coverage for Vitiligo and Alopecia Areata Treatments

October 31, 2025

The Honorable Hank Johnson (D-GA)
House of Representatives
Washington, DC 20515

The Honorable Ayanna Pressley (D-MA)
House of Representatives
Washington, DC 20515

The Honorable Dan Crenshaw (R-TX)
House of Representatives
Washington, DC 20515

Dear Representatives Johnson, Pressley, and Crenshaw:

We are writing to express our sincere appreciation for your leadership in introducing legislation to ensure that patients with vitiligo and alopecia areata are not excluded from Medicaid coverage for FDA-approved treatments. We pledge to support your efforts to ensure that this bipartisan legislation becomes law.

Vitiligo and alopecia areata are autoimmune conditions in which the immune system mistakenly attacks and destroys skin cells and hair follicles. In vitiligo, this presents as loss of skin pigmentation, causing the skin to turn a milky, white color.ⁱ Alopecia areata symptoms present as hair loss, usually affecting the scalp and face, but in some cases extending throughout the entire body.ⁱⁱ In addition to experiencing visible symptoms, individuals living with vitiligo and/or alopecia areata are at an increased risk of developing other health issues such as thyroid disease, rheumatoid arthritis and type 1 diabetes.ⁱⁱⁱ Together, vitiligo and alopecia areata affect roughly 1 to 2 percent of Americans.^{iv,v}

The lived experience of individuals with vitiligo or alopecia areata differs according to age, ethnicity, and disease severity; the high visibility of these conditions can significantly impact self-esteem, mental well-being, and social relationships. For pediatric patients with darker complexions, vitiligo and alopecia areata can have lasting psychological impacts including anxiety and depression.^{vi} The consequences of social stigmatization are further exacerbated by barriers to care.

In recent years, novel treatments have been developed to target and inhibit Janus kinase (JAK) enzymes, effectively reversing the loss of pigmentation associated with vitiligo^{vii} and promoting hair regrowth in people living with alopecia areata.^{viii} The first JAK inhibitors indicated to treat vitiligo and alopecia areata received FDA-approval in 2021 and 2022, respectively, yet patients continue to face access barriers.

The Centers for Medicaid and Medicare Services' (CMS') *Medicare Prescription Drug Benefit Manual* classifies Part D drugs with treatment indications for vitiligo as non-cosmetic.^{ix} Despite this CMS recognition of the treatments as medical, state Medicaid coverage policies for vitiligo are inconsistent. In at least 11 states, Medicaid plans classify vitiligo as a cosmetic condition, thus preventing patients from accessing the medications they need.^x This discrepancy between CMS classification of the treatment as medical and some state Medicaid's classification of the

condition as cosmetic makes necessary the need for legislation to amend the Social Security Act to promote access to treatments indicated for vitiligo.

The issues with coverage are further exacerbated for patients with alopecia areata. Due to the lack of CMS guidance classifying drugs with treatment indications for alopecia areata as non-cosmetic, many state Medicaid coverage policies include formulary restrictions such as prior authorization, step therapy, or even complete coverage denials. With the exceptions of California and Alaska, state Medicaid plans do not offer unrestricted coverage for FDA-approved Janus kinases (JAK) inhibitors indicated to treat alopecia areata.^{xi} For patients with limited treatment options, gaining access to these innovative treatments could have life-changing impacts.

On behalf of people living with vitiligo and/or alopecia areata the undersigned organizations, thank you for your championship of legislation to amend Section 1927(d)(2) of the Social Security Act to ensure that patients with vitiligo and alopecia areata are not excluded from Medicaid coverage for FDA-approved treatments.

Sincerely,

Alliance for Patient Access
Autoimmune Association
Beautifully Unblemished Vitiligo Support Group, Inc.
Coalition of Skin Diseases
Derma Care Access Network
Hidradenitis Suppurativa Coalition
Made A Masterpiece
National Alopecia Areata Foundation
Nevus Outreach
Society of Dermatology Nurse Practitioners
Society of Dermatology Physician Associates
So Rare They Stare, Inc.

ⁱ National Institutes of Health. (2022, October). *Vitiligo*. National Institute of Arthritis and Musculoskeletal and Skin Diseases. <https://www.niams.nih.gov/health-topics/vitiligo>.

ⁱⁱ National Institutes of Health. (2024, August). *Alopecia Areata*. National Institute of Arthritis and Musculoskeletal and Skin Diseases. <https://www.niams.nih.gov/health-topics/alopecia-areata>.

ⁱⁱⁱ National Institutes of Health. (2022, October). *Vitiligo*. National Institute of Arthritis and Musculoskeletal and Skin Diseases. <https://www.niams.nih.gov/health-topics/vitiligo>.

^{iv} Benigno, M., Anastassopoulos, K. P., Mostaghimi, A., Udall, M., Daniel, S. R., Cappelleri, J. C., Chander, P., Wahl, P. M., Laphorn, J., Kauffman, L., Chen, L., & Peeva, E. (2020). A Large Cross-Sectional Survey Study of the Prevalence of Alopecia Areata in the United States. *Clinical, cosmetic and investigational dermatology*, 13, 259–266. <https://doi.org/10.2147/CCID.S245649>.

^v Gandhi, K., Ezzedine, K., Anastassopoulos, K. P., Patel, R., Sikirica, V., Daniel, S. R., Napatalung, L., Yamaguchi, Y., Baik, R., & Pandya, A. G. (2022). Prevalence of Vitiligo Among Adults in the United States. *JAMA dermatology*, 158(1), 43–50. <https://doi.org/10.1001/jamadermatol.2021.4724>.

^{vi} Mack, D. M. (2025). Cultural determinants of psychiatric burden in pediatric vitiligo and Alopecia. *Journal of the National Medical Association*, 117(1), 8–9. <https://doi.org/10.1016/j.jnma.2025.08.021>.

^{vii} Qi, F., Liu, F., & Gao, L. (2021). Janus Kinase Inhibitors in the Treatment of Vitiligo: A Review. *Frontiers in immunology*, 12, 790125. <https://doi.org/10.3389/fimmu.2021.790125>.

^{viii} Liu M, Gao Y, Yuan Y, et al. Janus Kinase Inhibitors for Alopecia Areata: A Systematic Review and Meta-Analysis. *JAMA Network Open*. 2023;6(6):e2320351. doi:10.1001/jamanetworkopen.2023.2035.

^{ix} Centers for Medicare & Medicaid Services. (2024, September 10). *Medicare Prescription Drug Benefit Manual*. CMS.gov. <https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/part-d-benefits-manual-chapter-6.pdf>.

^xMcGovern, J. P., Pressley, A., Lynch, S. F., & Trahan, L. (2024b, August 2). Vitiligo Letter. United States Congress. Retrieved October 16, 2025, from <https://static1.squarespace.com/static/5893a44144024301c318c42e/t/66cc83e606d2a16e0169938a/1724679144206/Vitiligo+Letter+-+August+2024.pdf>.

^{xi} Hoang, M., & Dao, H. (n.d.). Medicaid Insurance Coverage for Treatment of Alopecia Areata with Janus Kinase Inhibitors. The Warren Alpert Medical School of Brown University & Department of Dermatology, Loma Linda University. <https://eposters.aad.org/s3/AM2025/poster/64891/Medicaid+Insurance+Coverage+for+Treatment+of+Alopecia+Areata+with+Janus+Kinase+Inhibitors.pdf>.