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Response To "The Potential Impact of Off-Label Medication Use on Patient Access: A Cross-Sectional Survey of Minoxidil Availability"

Ambika Nohria BA,[a*] Deesha Desai BS,[a,b*] Hailey Konisky BS,[c] Jerry Shapiro MD,[a] Kristen I. Lo Sicco MD[a]

[a]The Ronald O. Perelman Department of Dermatology, New York University Grossman School of Medicine, New York, NY
[b]University of Pittsburgh School of Medicine, Pittsburgh, PA
[c]Albert Einstein College of Medicine, Bronx, NY

*Both authors contributed equally as co-first

To the Editor,

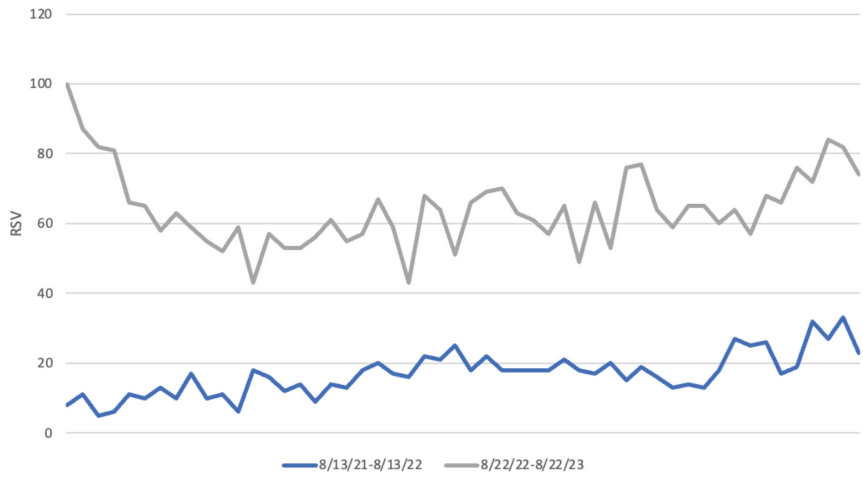
We commend the work of authors Desai et al in "The Potential Impact of Off-Label Medication Use on Patient Access: A Cross-Sectional Survey of Minoxidil Availability."[1] This article highlights the shortage of low-dose oral minoxidil (LDOM) at pharmacies in the District of Columbia, Maryland, and Virginia (DMV) area following the rise in off-label use of LDOM for the treatment of androgenetic alopecia (AGA). The popularity of LDOM was further enhanced by the New York Times (NYT) publication on August 18, 2022, that discussed the use of LDOM for AGA with the general public.[2]

Beyond the DMV region, patients nationwide were impacted by pharmacy shortages of LDOM. To capture the increasing popularity of the medication that contributed to the national shortage, we performed a Google Search Trends analysis on the term *oral minoxidil* from 8/13/21 through 8/13/22 versus 8/22/22 through 8/22/23 (one year prior vs one year after the publication of the New York Times article excluding the week of publication). We compared relative search volume (RSV) on a scale from 0-100 which represents search interest relative to all searches for given regions and times.

There was a significant increase in RSV for *oral minoxidil* (P=0.035) in the year following publication (mean RSV:64.27) compared to the year prior (mean RSV:16.88), highlighting the increased popularity of this medication temporal to the publication of the NYT article. While there may be other contributing factors, the publication of the NYT article likely contributed to the rise in medication use and subsequent shortage of LDOM.

Scientific literature and clinical practices have well-established the reality that alopecia patients face significant psychosocial impacts due to their medical condition.[3] These consequences range from higher rates of anxiety and depression to lower levels of self-esteem.[3] Beyond these psychosocial consequences, the

FIGURE 1. RSV for *oral minoxidil* before versus after the New York Times article publication.



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potential physical symptoms of alopecias are often overlooked, including increased sensitivity to temperature and light, sunburns, and ocular irritation from sweat and debris.[3] As hair continues to be a key component of an individual's identity, alopecia can result in detrimental impacts on patients' self-perception and daily functioning.[3] Despite this, obtaining treatment for alopecia is often labeled as "cosmetic care," limiting patients' access to necessary medications by restricting insurance coverage and increasing out-of-pocket costs.[4]

The extended duration of the LDOM shortage calls to attention the general attitudes towards the treatment of alopecia, which has historically been dismissed as a "cosmetic condition." The continued challenges that alopecia patients face in obtaining covered prescribed medications further suggest that their medical care remains deprioritized by many insurers.[5] As LDOM is a medication that must be taken daily to ensure efficacious outcomes, lapses in longitudinal therapy threaten to not only hinder treatment but also possibly undo years of a patient's progress. Patients with alopecia deserve to have timely access to necessary medications similar to those of other medical conditions. Thus, dermatologists must continue to advocate for their alopecia patients to improve access to well-deserved care.

DISCLOSURES

Dr Lo Sicco has been an investigator for Regen Lab and is an investigator for Pfizer. Dr Lo Sicco is a consultant for Pfizer and Aquis. Dr Shapiro is a consultant and/or investigator for Aclaris Therapeutics, Incyte, Replicel Life Sciences, Regen Lab, Pfizer, Lilly, Thirty Madison, and DS Laboratories.

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AUTHOR CORRESPONDENCE

Kristen I. Lo Sicco MD
E-mail:..... kristen.losicco@nyulangone.org