Moderate to Severe Atopic Dermatitis Treatment Pathway in Adults

Prior to treatment, commissioners expect that patients will have been treated in line with the NICE CKS summary for atopic dermatitis . Patients should have been treated with regular, copious amounts of emollients, topical corticosteroids and topical immunomodulators such as pimecrolimus or tacrolimus where appropriate (e.g. eczema involving the eyelids and peri-orbital skin, patients using regular topical steroids on the face or lower legs (particularly in the elderly or others at risk of leg ulcers) and patients with signs of skin atrophy). Avoidable reasons for the failure of topical treatments should be sought. These include low adherence, infection, allergy and insufficient treatment intensity. Phototherapy should be considered as an option bearing in mind the potential risk to someone who may subsequently receive immunosuppressive systemic agents.

The following treatments are recommended as options for treating moderate to severe atopic dermatitis in adults, only if:

The patient's disease has not responded to at least 1 other systemic therapy, or these are contraindicated or not tolerated:

Ciclosporin - (RED) (licensed) rapid onset of action, has been shown to offer a 50% reduction in atopic dermatitis severity with improved QOL. Usually prescribed as a 6–9 month course to limit risk of hypertension, nephrotoxicity & skin cancer. 80% of patients relapse within 2 months of stopping.
Azathioprine -(AMBER SCA) (unlicensed) has a slower onset of action, but can be taken for a longer course than ciclosporin.
Methotrexate - (AMBER SCA) (unlicensed) less experience but appears to be as effective as ciclosporin and is well tolerated.
Mycophenolate - (RED) (unlicensed) appears to be as effective as ciclosporin

See BSW Formulary for options bswformulary.nhs.uk

Abrocitinib JAK 1 inhibitor Tablets
Dose: 100mg or 200mg once daily HOMECARE
NICE TA 814 **Blueteq required at initiation and 1 year review.**

Upadacitinib JAK 1 inhibitor Tablets
Dose: 15mg or 30mg once daily HOMECARE
NICE TA 814 **Blueteq required at initiation and 1 year review.**

Baricitinib JAK 1&2 inhibitor Tablets
Dose: 4mg or 2mg once daily HOMECARE
NICE TA 681 **Blueteq required at initiation and 1 year review.**

16 wk review

OR

1ST line injectable

Dupilumab IL-4 & 13
Prefilled syringe 300mg
Dose: 600 mg wk0 then 300 mg every 2 wks. **NICE TA 534** **Blueteq on initiation & 1 year review.**

1st line for facial eczema otherwise 2nd line injectable

Tralokinumab IL13
Prefilled syringe 150mg
Dose: 600 mg wk 0 then 300 mg every 2 wks. **NICE TA 814** **Blueteq required at initiation & 1 year review.**

2nd line injectable

Lebrikizumab IL13
Prefilled syringe / pen 250mg
Dose: 500 mg wk 0 & 2 then 250 mg every 2 wks. **NICE TA 986** **Blueteq on initiation & 1 year review.**

16 wk review

Assess response from 8 weeks and stop treatment if there has not been an adequate response at 16 weeks, defined as a reduction of at least:

50% in the Eczema Area and Severity Index (EASI 50) from when treatment started	4 points in the Dermatology Life Quality Index (DLQI)

When using the EASI, HCPs should take into account skin colour & how this could affect the EASI score & make the clinical adjustments they consider appropriate. When using the DLQI, HCP should take into account physical, psychological, sensory or learning disabilities, or communication difficulties.

Paediatric patients / adolescents to be referred to specialist centre MDT to access treatment with JAK or Biologic