ATOPIC DERMATITIS TREATMENT PATHWAY (ADULTS)

Adult with Atopic Dermatitis (link to CKS)

Does the patient have disease classed as moderate to severe? Defined as:

- An Eczema Area and Severity Index (EASI) score of 7.1 to 50.0

OR

- Investigator Global Assessment (IGA) score ≥3

No → Consider emollients for maintenance treatment & topical steroids for flares in line with TA81

See MHRA fire risk message

Yes

Has the patient tried the following treatments or are these contraindicated or not tolerated?

- Emollients and topical corticosteroids (NICE TA81—1st line)
- Topical calcineurin inhibitors, e.g. tacrolimus & pimecrolimus (NICE TA82—2nd line)

No → Review treatment in line with TA81 and TA82

Yes

Has the disease been unresponsive to optimised treatment with at least 1 other systemic therapy out of the following or these treatments are not suitable:

- Ciclosporin
- Azathioprine
- Methotrexate
- Mycophenolate mofetil

No → Consider one of the non-biologic systemic therapies listed

Yes

High cost immunomodulators

If more than 1 treatment is suitable, the least expensive should be chosen. Choices are listed in **cost effective order after the first 16 weeks** of treatment (at maintenance)

1. Abrocitinib (oral)
2. Upadacitinib 15mg (oral)
3. Baricitinib (oral)
4. Lebrikizumab (subcutaneous injection)
5. Dupilumab. (subcutaneous injection)
6. Upadacitinib 30mg (oral)
7. Tralokinumab (subcutaneous injection)

Yes

At the week 16 review has the patient achieved:

- At least a 50% reduction in the EASI score from when treatment started

AND

- At least a 4 point reduction in the Dermatology Life Quality Index (DLQI) from when treatment started.

See pathway definitions three lines of treatment

No → Consider alternative

Yes → Continue treatment, review patient regularly as per local arrangement / NICE guidance.

The following is applicable to the High Cost Immunomodulator section only.

Pathway definitions:

	Definition	Action
Primary Failure	Occurs when the response criteria (as defined within the NICE TA) is **not fully met** when response to treatment is assessed at the time interval defined within the NICE TA	Move to the NEXT treatment line/mode of action (if one is available)
Secondary Failure	Occurs when the response to treatment (as defined within the NICE TA) is **no longer met**	Move to the NEXT treatment line/mode of action (if one is available)
Primary intolerance/adverse effects	An occurrence that causes discontinuation of treatment, due to inability to tolerate side-effects of that treatment that occurs **during the initial time period defined by the NICE TA**	Use another option from the SAME treatment line
Secondary intolerance/adverse effects	An occurrence that causes discontinuation of treatment, due to inability to tolerate side effects of that treatment that occurs **after the initial time period defined by the NICE TA**	Move to the NEXT treatment line OR discuss at RN meeting
Conception	If conception plans or pregnancy indicate a change of drug is advisable, it is agreed that this **does not constitute a change in line of treatment**	Please update via Blueteq accordingly

Drug choices and length of initial treatment before first review[1]:

Mode of action	Drug	Initial treatment length as specified by NICE TA	NICE TA
IL4 / 23 inhibitor	Dupilumab	16 weeks	TA534
JAK inhibitor (Oral)	Abrocitinib (least costly)	16 weeks	TA814
	Baricitinib	16 weeks	TA681
	Upadacitinib	16 weeks	TA814
IL13 inhibitor	Tralokinumab	16 weeks	TA814
	Lebrikizumab (least costly after 16 weeks)	16 weeks	TA986

Notes:

1. Embedded hyperlinks are either to NICE Clinical Knowledge Summaries, NICE Technical Appraisals www.nice.org.uk , or pages within the Surrey Prescribing Advisory Database (res-systems.net)

2. If patients on JAK inhibitors need to change therapy due to the MHRA alert[2] issued 26th April 2023, then this would be considered a change within the same treatment line.

References:

1) NICE Technical Guidance TA81, TA82, TA534, TA681, TA814 & TA986 Available at https://www.nice.org.uk

2) Drug Safety Update. Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality. Available at: Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality

3) MHRA/CHM advice: Dupilumab (Dupixent®): Risk of ocuLar adverse reactions and need for prompt management (November 2022)

Reviewed: NHS Surrey Heartlands ICB Medicines Resource Unit **Input from:** Dermatology Network - September 2024
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With thanks to Nottingham and Nottinghamshire CCG (guidance for the treatment of Atopic Dermatitis Jan2022)