DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Derbyshire commissioning guidance for the treatment of moderate to severe atopic dermatitis – March 2021

Does the patient have moderate to severe atopic dermatitis?
moderate to severe atopic dermatitis (AD) defined locally as
- an Eczema Area and Severity Index (EASI) score ≥16*, **and**
- Investigator's Global Assessment (IGA) score ≥3, and
- a minimum body surface area (BSA) involvement of ≥10 %

No – maintain treatment

No – consider alternative treatments

Yes

Has the patient tried the following treatments or are these contraindicated or not tolerated?
- emollients and topical corticosteroids (NICE TA81) (first line)
- topical calcineurin inhibitors, e.g. topical tacrolimus and pimecrolimus (NICE TA82) (second line)
- phototherapy – narrow band UVB (third line)

NICE, approved treatment. Sequential use for treatment failure or intolerance is considered cost-effective by NICE.

**If the EASI score is between 7 - 16 and the patient has tried the previous systemic therapies, funding will be approved if the patient has been through a full MDT review.*

Yes

Has the disease not responded to at least 1 other systemic therapy, or these are contraindicated or not tolerated:
- Ciclosporin (licenced)
- Methotrexate (unlicenced)
- Azathioprine (unlicenced)
- Mycophenolate mofetil (unlicenced)

Yes

Choice of drug is dependent on patient's clinical condition (See appendix 1*). Treatment options include:

Dupilumab SC (NICE TA534) * ± topical corticosteroids.	**Baricitinib oral (NICE TA681) ± topical corticosteroids**
*Topical calcineurin inhibitors may be used, but should be reserved for problem areas only, such as the face, neck, intertriginous and genital areas)	The efficacy for barcitinib is improved with topical corticosteroid use

Try alternative biologic agent if adequate response not achieved with first biologic agent

Yes – maintain treatment and monitor patient at appropriate intervals

No

Measure adequate response at:
- **week 8 & 16** for baricitinib or
- **week 16** for dupilumab.

Has the patient had
- at **least a 50% reduction** in the Eczema Area and Severity Index score (EASI 50) from when treatment started

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

Stop treatment if adequate response not achieved after 2nd biologic

Last Updated: March 2021

Appendix 1: Dosing schedule

Biologic		NICE TA	Loading dose	Maintenance dose	Response measured	comments
Dupilumab (SC)	Human monoclonal antibody which inhibits IL-4/IL-13	TA534	600mg (2 x 300mg)	300mg every other week	16 weeks	*Results of an indirect comparison suggest that baricitinib is less effective than duplimumab
Barcitinib (oral)	Selective and reversible inhibitor of Janus kinase (JAK)1 and JAK2	TA681	NA	4mg once daily Reduce to 2mg once daily if appropriate once sustained control of disease activity achieved ≥75 years, 2mg once daily.	8 and 16 weeks	*Baricitinib maybe used first in certain situations e.g., flares, certain co-morbidities (RA) and needle phobic patients. MHRA: Baricitinib: risk of venous thromboembolism. (March 2020) Baricitinib: increased risk of diverticulitis, particularly in patients with risk factors (August 2020)