DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Derbyshire commissioning guidance for the treatment of moderate to severe atopic dermatitis – October 2024

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

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.

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)

No – consider alternative treatments

**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

Choice of drug is dependent on patient's clinical condition (See appendix 1*).
Choices are listed in most cost-effective order:

For adults:
- **Abrocitinib oral** (NICE TA814) ± topical corticosteroids
- **Upadacitinib oral** (NICE TA814) ± topical corticosteroids
- **Baricitinib oral** (NICE TA681) ± topical corticosteroids
- **Lebrikizumab SC** (NICE TA986) * ± topical corticosteroids
- **Tralokinumab SC** (NICE TA814) ± topical corticosteroids
- **Dupilumab SC** (NICE TA534) * ± topical corticosteroids

For young people 12 years and over:
- **Abrocitinib oral** (NICE TA814) ± topical corticosteroids
- **Upadacitinib oral** (NICE TA814) ± topical corticosteroids

For young people 12 years and over with a body weight of 40 kg or more:
- **Lebrikizumab SC** (NICE TA986) * ± topical corticosteroids

No – Try alternative biologic agent if adequate response not achieved with first biologic agent

Yes – maintain treatment and monitor patient at appropriate intervals

Measure adequate response at:
- **week 8 & 16** for baricitinib or
- **week 16** for dupilumab, tralokinumab, abrocitinib,upadacitnib and lebrikizumab* (see comments Appendix 1)

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)

Stop treatment if adequate response not achieved after 2nd biologic

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 *Topical calcineurin inhibitors may be used, but should be reserved for problem areas only, such as the face, neck, intertriginous and genital areas MHRA: Dupilumab (Dupixent): risk of ocular adverse reactions and need for prompt management (November 2022)
Baricitinib (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. The efficacy for barcitinib is improved with topical corticosteroid use MHRA: Baricitinib: risk of venous thromboembolism. (March 2020) Baricitinib: increased risk of diverticulitis, particularly in patients with risk factors (August 2020)
Tralokinumab (SC)	Human monoclonal antibody which inhibits IL-13	TA814	600mg (4 x150mg)	300mg (2 x150mg) every other week	16 weeks	
Abrocitinib (oral)	Selective inhibitor of Janus kinase 1 (JAK1)	TA814	NA	100mg or 200mg once daily	16 weeks	For most patients, particularly those with severe disease, 200 mg is the recommended starting dose. A dose of 100 mg once daily is the recommended starting dose for patients aged ≥ 65 years, adolescents (12 to 17 years old), and for those who have risk factors for developing an adverse reaction to abrocitinib or those who are less likely to tolerate the adverse reactions
Upadacitinib (oral)	Selective inhibitor of Janus kinase 1/3 (JAK1 or JAK1/3)	TA814	NA	15mg or 30mg once daily	16 weeks	A dose of 30 mg once daily may be appropriate for patients with high disease burden
Lebrikizumab (SC)	Immunoglobulin (IgG4) monoclonal antibody which inhibits IL-13	TA986	500mg (2 x 250mg) at week 0 and week 2	250mg every other week up to week 16. Once clinical response is achieved the dose is 250mg every 4th week.	16 weeks	*Some patients with initial partial response may further improve with continued treatment every other week up to week 24.