

# Moderate to Severe Atopic Dermatitis Treatment Pathway in Adults

Prior to treatment, commissioners expect that patients will have been treated inline 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, and has been shown to offer a 50% reduction in atopic dermatitis severity with improved quality of life. Usually prescribed as a 6-9 month course to limit the risk of hypertension, nephrotoxicity and skin cancer. 80% of patients relapse within 2 months of finishing treatment.
- 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](http://bswformulary.nhs.uk)

**Baricitinib** JAK 1&2 inhibitor

Tablets

Dose: 4mg or 2mg once daily HOMECARE

NICE [TA 681](#) PAS discount

Blueteq required at initiation and 1 year review.

16 wk review

OR

**Dupilumab** IL-4 & 13

Prefilled syringe 300mg

Dose: 600 mg wk0 then 300 mg every 2 wks. HOMECARE

NICE [TA 534](#) PAS discount

Blueteq required at initiation and 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 score (EASI 50)  
from when treatment started

4 points in the Dermatology Life Quality Index (DLQI) from  
when treatment started

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