

## Moderate to Severe Atopic Dermatitis in adults

### BNSSG Recommended Commissioning Pathway

The choice of treatment should be made on an individual basis, between the patient and clinician. Individual patient characteristics and risk factors should be taken into account. If treatments are found to be equally suitable for the patient, the drug with the lowest overall costs should be used. This is reflected in this pathway document.

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)

Has the disease not responded to at least 1 other systemic therapy, or these are contraindicated or not tolerated:

- Ciclosporin (licenced)
- Methotrexate (unlicensed)
- Azathioprine (unlicensed)
- Mycophenolate mofetil (unlicensed)

#### Oral options

Abrocitinib: 100mg or 200mg once daily

NICE [TA814](#)

Upadacitinib: 15mg or 30mg once daily

NICE [TA814](#)

Baricitinib: 2mg or 4mg once daily

NICE [TA681](#)

#### 1<sup>st</sup> line injectable options

Dupilumab: 600 mg week 0 then 300 mg every 2 weeks

NICE [TA534](#)

OR

#### 2<sup>nd</sup> line injectable option

Lebrikizumab: 500mg week 0 and 2 then 250mg every 2 weeks. Consider 4 weekly if stable at week 16

NICE [TA986](#)

#### 2<sup>nd</sup> line injectable option

Nemolizumab: 60mg week 0 then 30mg every 4 weeks. Consider 8 weekly if stable at week 16

NICE [TA1077](#)

#### 1<sup>st</sup> line for facial eczema otherwise 2<sup>nd</sup> line

Tralokinumab: 600mg week 0 then 300mg every 2 weeks. Consider 4 weekly if stable at week 16

NICE [TA814](#)

r/v at 16 weeks