SWL Drug Pathway – Atopic Dermatitis

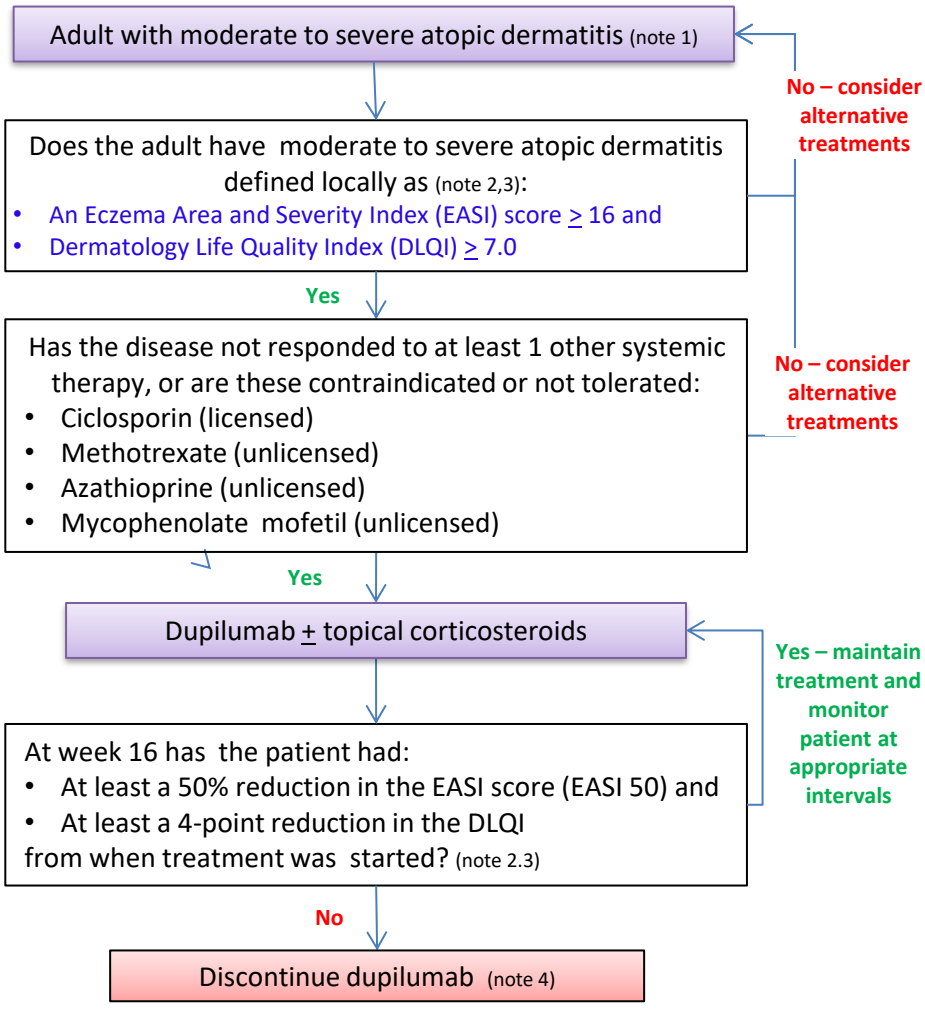
FINAL v1.0 (14/02/2019) (based on NICE TA534 – Dupilumab for atopic dermatitis with local adaptation)

Note 1: Standard therapy for atopic dermatitis consists of:
- 1st line – Emollients and topical corticosteroids (NICE TA81)
- 2nd line – Topical calcineurin inhibitors (tacrolimus, pimecrolimus) (NICETA82)
- 3rd line – Phototherapy (narrow band UVB)

Note 2: 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.

Note 3: When using the DLQI, healthcare professionals should take into account any physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI, and make anyadjustments they consider appropriate.

Note 4: Funding requests for treatment outside this commissioned pathway can be made via the Individual Funding Request (IFR) process to the relevant commissioning organisation (see www.swlmcg.nhs.uk for IFR policy and application form)



Version number	Amendments made	Author	Date
1.0	New pathway (SWL Dermatology network meeting 26/09/2018)	NICE Brigitte van der Zanden Annett Blochberger	14th Feb 2019
1.0 (addendum 1)	Addendum 1: Add baricitinib (NICE TA681)	NICE SWL ISPS Team	06 May 2021
1.0 (addendum 2)	Addendum 2: Add abrocitinib, tralokinumab or upadacitinib (NICE TA814)	NICE SWL ISPS Team	02 Sept 2022 21 Sept 2022
1.0 (addendum 3)	Addendum 3: Add lebrikiziumab (NICE TA986)	NICE SWL MVP HCD Team	08/10/2024
Date of next review: July 2019 (or earlier if indicated)			

ADDENDUM 1

(Approved by SWL Interim Integrated Medicines Optimisation Committee on 06 May 2021)

NICE published NICE TA681 (March 2021) -Baricitinib for treating moderate to severe atopic dermatitis (NICE TA681)

This addendum aims to inform clinicians that baricitinib is available as a treatment option in line with NICE recommendations. Based on its relative cost, baricitinib will be available alongside dupilumab within the SWL pathway and when dupilumab is ineffective or not tolerated

ADDENDUM 2

(Approved by SWL Integrated Medicines Optimisation Committee on 21 09 2022)

NICE published NICE TA814 (August 2022) - Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis (NICE TA814)

This addendum aims to inform clinicians that abrocitinib, tralokinumab or upadacitinib are available as a treatment option in line with NICE recommendations.

> As a general principle, NICE recommends a discussion between the responsible clinician and the patient about the advantages and disadvantages of each treatment (considering therapeutic need and likely adherence to treatment). If more than one treatment option is suitable, the least expensive will be chosen (taking into account administration costs, dosage and price per dose).
>
> It should be noted that:
> - Abrocitinib is the lowest cost option overall and also the lowest cost JAK inhibitor.
> - Dupilumab is the lowest cost IL-inhibitor

Until agreed otherwise, and in line with other SWL pathway agreements and RMOC guidance on sequential use of biologic medicines, sequential use is allowed when:

- Switching to the alternative drug class (i.e. from JAK to IL inhibitor or vice versa)
- Switching within drug class if treatment had to be stopped due to an adverse event and:
  - patient is responding to drug OR
  - response was not yet assessed i.e. within 16 weeks of initiating treatment

ADDENDUM 3

(Approved by SWL Integrated Medicines Optimisation Committee on 18 09 2024)

NICE published NICE TA986 (July 2024) - Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over.

This addendum aims to inform clinicians that lebrikizumab is available as a treatment option in line with NICE recommendations. Based on its relative cost, lebrikizumab will be available alongside dupilumab and tralokinumab within the SWL pathway.

As a general principle, NICE recommends a discussion between the responsible clinician and the patient about the advantages and disadvantages of each treatment (considering therapeutic need and likely adherence to treatment). If more than one treatment option is suitable, the least expensive will be chosen (taking into account administration costs, dosage, price per dose and commercial arrangements).

It should be noted that:

- ➢ Abrocitinib is the lowest cost option overall and also the lowest cost JAK inhibitor.
- ➢ Dupilumab is the lowest cost IL-inhibitor

Until agreed otherwise, and in line with other SWL pathway agreements and RMOC guidance on sequential use of biologic medicines, sequential use is allowed when:

- ➢ Switching to the alternative drug class (i.e. from JAK to IL inhibitor or vice versa)
- ➢ Switching within drug class if treatment had to be stopped due to an adverse event and:
  - ▪ patient is responding to drug OR
  - ▪ response was not yet assessed i.e. within 16 weeks of initiating treatment