TREATMENT PATHWAY FOR THE MANAGEMENT OF ADULTS with MODERATE to SEVERE ECZEMA in SECONDARY CARE.

(FOR SPECIALIST INITIATION ONLY)

TARGET AUDIENCE	All clinical staff working within Dermatology in secondary care.
PATIENT GROUP	Adults with Moderate to Severe Atopic Eczema AND Inadequate repsonse to or contraindication to ciclosporin/methotrexate/ azathioprine/mycophenolate mofetil

Clinical Guidelines Summary

- This guideline describes the pathway for management of adult patients with moderate to severe atopic eczema and had an inadequate response to or contraindication to ciclosporin/methotrexate/ azathioprine/mycophenolate mofetil.
- The pathway provides a stepwise approach to the management of Atopic Eczema with biologic therapy (IL-4/IL-13 or IL-13 inhibitors) or JAK2 inhibitors (JAKi) by Dermatology Specialists in secondary care only.
- The pathway includes drug prescribing guidance for the use of biologics and JAKis in Atopic Eczema.

Treatment Pathway for the Management of Adults with Moderate to Severe Eczema

Moderate to Severe Eczema EASI≥7.1

Document EASI, DLQI and POEM at baseline

(consider skin of colour variability with EASI scoring)

1st line

Abrocitinib (JAKi) **-** Review at week 12

or

Dupilumab (Biologic IL-4/IL-13) **-** Review at week 16

2nd Line

Switch to alternative JAKi **or** Biologic **or** to different drug class depending on rationale for stopping 1st line therapy.

Upadacitinib (JAKi)/Abrocitinib - Review at week 12

or

Tralokinumab (Biologic IL-13)/**Dupilumab** - Review at week 16

3rd line

Consider alternative JAKi or Biologic taking into consideration previous repsonse to treatment and any contraindications

Alternative JAKi Baricitinib can be considered - Review at week 8

Cautions with JAKi –

- **High Risk of DVT/PE**

Only use if no suitable alternative in patients

- **>65years**
- **Increased risk of CV events**
- **Smokers/previous smoker for long duration**
- **Increased risk of cancer**

Criteria for discontinuation

- Discontinue if drug is not tolerated or becomes contraindicated.
- Discontinue if response is not adequate at the review date or there is loss of response

Adequate response is defined as:

- at least 50% reduction in EASI score and
- at least a 4 point reduction in DLQI

Lead Author	**Carole Martin**	**Date approved**	**18/10/2023**
Version	**1.0**	**Review Date**	**18/10/2025**

Prescribing Notes:

Prescreening:

- Screen for TB, viral hepatitis, HIV and VZV serology prior to commencing JAKi or biologic.
- Baseline U&Es, LFTs, FBC should be checked.
- Baseline lipids and CK should be checked prior to commencing JAKi.

Drug interactions with JAKi:

Prior to initiation of a JAKi, all patients must have a review by the dermatology pharmacist of their current medications to check for any significant drug interactions.

Cautions with JAKi:

Use JAKi with caution in patients with:

- High risk of DVT/PE - Risk factors include older age, obesity, history of DVT/PE, undergoing major surgery, prolonged immbolisation. Patients should be informed of the signs and symptoms of VTE before starting treatment and advised to seek urgent medical attention if these develop.
- Aged 65 years and above
- Increased risk of CV events
- Current smokers and previous long term smokers
- Increased risk of cancer.

Ocular Side Effects with Dupilumab:

- Discuss with the patient the possibility of ocular side effects and the symptoms to look out for when initiating Dupilumab.
- Encourage all patient to use prophylactic eye lubricants – Use formulary choice of lubricating eye drops (4 times per day for 2 weeks prior to starting Dupilumab).
- Advise patients to report new-onset or worsening eye symptoms to a healthcare professional/optician.
- Promptly review new-onset/worsening ocular symptoms/changes in vision/eye pain that does not settle and refer to ophthalmologist.

Vaccinations:

- Annual flu/Covid vaccines recommended.
- Pneumococcal vaccination 2- 4 weeks before initiation. Only repeat after 5 years if asplenic/splenic dysfunction or Chronic Kidney Disease Stage 4 or 5 (will also require Hep B vaccination).
- Check VZV serology prior to commencing and refer for vaccination if required.

Transfer of Information to Primary Care:

Drug name (Biosimilar or equivalent) and dosing schedule should be documented in clinic letter for GP so ECS can be updated appropriately.

Dosing:

Drug	Dose	Additional Information
Abrocitinib (JAKi)	Adults: 200mg once daily ≥65 yrs or at risk of adverse reaction/less liklely to tolerate: 100mg once daily Dose may be adjusted based on tolerability and efficacy	Check Baseline U&Es, LFTs, FBC, Lipids, at Week 4 and then 6 monthly. Reduce initial dose to 50mg daily in severe renal impairment (max 100mg daily) Reduce dose by half in moderate renal impairment (eGFR 30-60ml/min) i.e 50mg or 100mg daily. Avoid if severe hepatic impairment.
Upadacitinib (JAKi)	Adults: 30mg once daily if high disease burden/inadequate response to 15mg. ≥65 yrs/ or at risk of adverse reaction: 15mg daily Dose may be adjusted based on tolerability and efficacy	Check Baseline U&Es, LFTs, FBC, Lipids, at Week 12 and then 6 monthly. Reduce dose to 15mg daily in severe renal impairment. Avoid if severe hepatic impairment.
Dupilumab (IL-4/IL- 13 inhibitor)	Adults: Initially 600mg s/c, then 300mg every 2 weeks.	Checks U&Es, LFTs, FBC at baseline, 16 week review and then 6 monthly.
Baricitinib (JAKi)	Adults: 4mg once daily 2mg once daily if ≥75years	Check Baseline U&Es, LFTs, FBC, Lipids, at Week 12 and then 6 monthly. Reduce dose to 2mg daily if CrCl =30-60ml/min Avoid if CrCl<30ml/min Avoid if severe hepatic impairment.
Tralokinumab (IL-13 inhibitor)	Adults: Initially 600mg s/c, then 300mg every 2 weeks. Patients who achieve clear/almost clear skin after Week 16 can reduce to 300mg every 4 weeks. This may not be appropriate in patients >100kg.	Checks U&Es, LFTs, FBC at baseline, 16 week review and then 6 monthly.

Abbreviations:

JAKi – Janus Kinase Inhibitor, DLQI – Dermatology Life Quality Index, EASI – Eczema Area and Severity Index. POEM – Patient-orientated eczema measures.

Appendices

1. Governance information for Guidance document

Lead Author(s):	Carole Martin, Lead Pharmacist for Dermatology, NHS Lanarkshire
Endorsing Body:	Dermatology Consultants and Specialist doctors.
Version Number:	1.0
Approval date	**18/10/2023**
Review Date:	18/10/2025
Responsible Person (if different from lead author)	n/a

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	Dr. Freida Shaffrali, Dermatology Consultant, NHSL Dr.Helen Dilworth, Dermatology Consultant, NHSL Dr.Rakhee Gupta, Speciality Doctor, Dermatology
Consultation Process / Stakeholders:	Consultants and Specialist Dermatology Doctors NHSL

Distribution	Consultants and Specialist Dermatology Doctors NHSL Specialist Dermatology Pharmacist Heads of Pharmacy, NHSL Homecare Medicines Services, NHSL

CHANGE RECORD

Date	Lead Author	Change	Version No.
Oct 2023	Carole Martin	Initial version	1
			2
			3
		.	4
			5