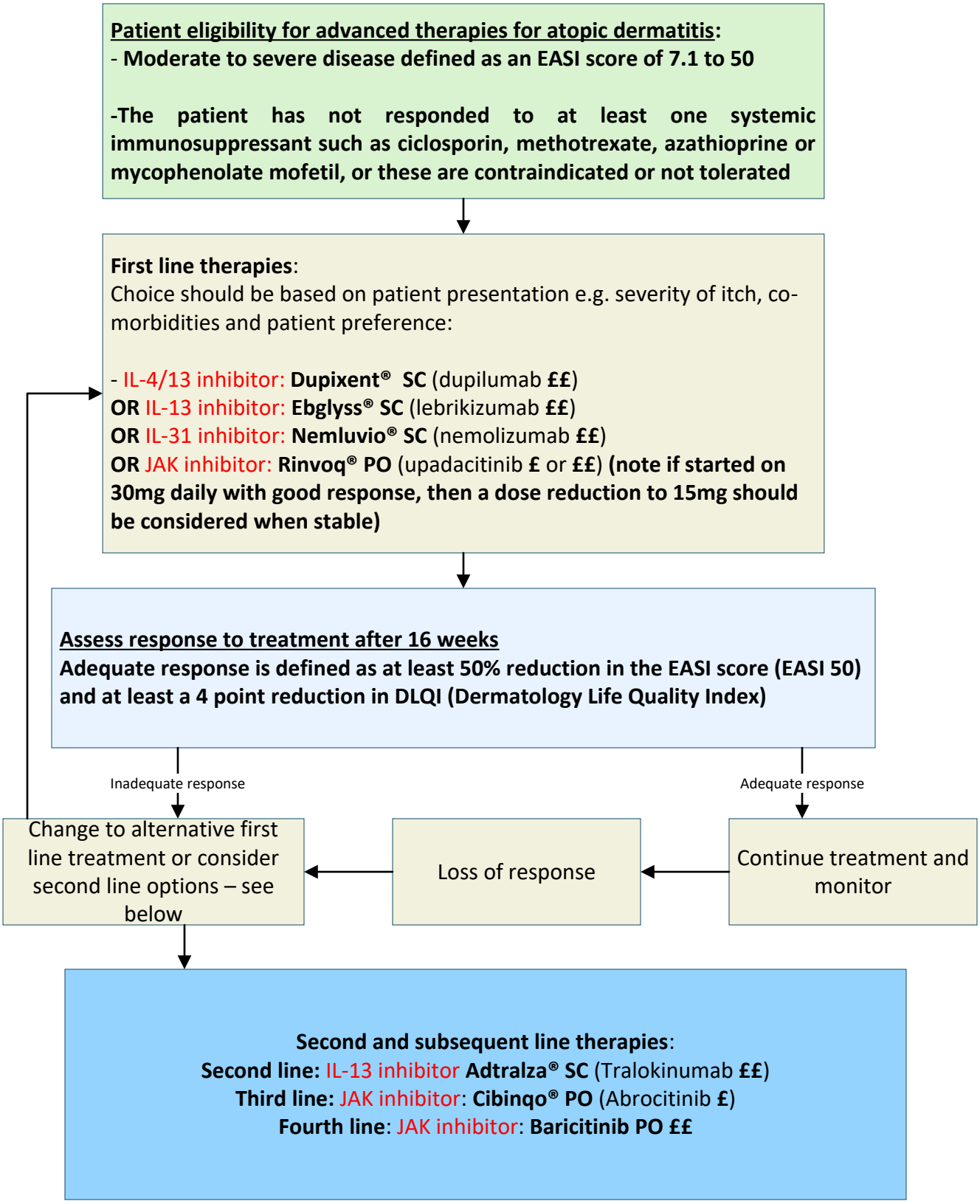
Atopic Dermatitis Biologic Pathway for people 12 years and older

Gloucestershire Hospitals NHS Foundation Trust



Written by Leela Terry and Dr Debbie Moffitt July 2026 For review: July 2029

Chronic Hand Eczema Pathway for people 12 years and older

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Patient with moderate to severe chronic hand eczema in who has failed treatment with emollients, topical corticosteroids or topical calcineurin inhibitors (topical tacrolimus or topical pimecrolimus)

First line therapy:
Anzupgo® topical (delgocitinib **£**)
Suggested use is 4 tubes per year, usage over this should prompt review of patient technique and clinical response.
Patients to be counselled that it should only be applied to hands
Review response at 12 weeks and continue if effective, consider whether treatment can be stopped or application frequency reduced if the patient is in remission

Treatment may be restarted if patient flares on stopping or reducing

Lack of effect or adverse reactions

Second line therapy:
Alitretinoin PO £
Note that alitretinoin is teratogenic and therefore contraindicated in women of child-bearing potential unless entered into the Pregnancy Prevention Programme
Course length is usually 12-24 weeks but discontinue sooner than 24 weeks if clear hands achieved. If no response treatment should be stopped at 12 weeks.

Treatment may be restarted if patient flares on stopping

Third line therapy:
Consider alternative oral systemic treatment in line with atopic dermatitis pathway

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Drug	Therapeutic class	Initial Review Period	Patient and clinical considerations	Administration and Dosage
Lebrikizumab (EBGLYSS®)	IL-13 inhibitor	16 weeks	MHRA/CHM advice: Risk of ocular adverse reactions and need for prompt management (November 2022) Associated with ocular side-effects; commonly, conjunctivitis, allergic conjunctivitis, and dry eye, and less commonly, keratitis, and blepharitis. Patients who develop conjunctivitis that does not resolve following standard treatment should receive an ophthalmological examination. Cautioned in patients with Helminth infection. Lebrikizumab can be used with or without topical corticosteroids (TCS). Psychological support service is available via Almirall	500mg at week 0 and week 2 followed by 250mg administered every other week. Review at week 16 Maintenance therapy after week 16 is 250mg every 4 weeks but patients with a partial response may benefit from continued treatment every other week until week 24
Dupilumab (DUPIXENT®)	IL4 &L13 inhibitor	16 weeks	MHRA/CHM advice: Risk of ocular adverse reactions and need for prompt management (November 2022) common ocular side-effects include conjunctivitis, allergic conjunctivitis, eye pruritus, blepharitis, and dry eye; infrequent cases of keratitis and ulcerative keratitis have also been reported. Most ocular reactions associated with dupilumab in the UK are mild and can be managed, but it is not currently possible to predict who may experience the rarer, severe reactions; early review and intervention in ocular reactions are therefore recommended. Healthcare professionals are advised to: • discuss with patients or their carers the possibility of ocular side-effects and the symptoms to look out for when initiating dupilumab; • advise patients or their carers to report new-onset or worsening eye symptoms to a healthcare professional, rather than self-managing symptoms; • promptly review new-onset or worsening ocular symptoms, and refer patients for ophthalmological examination if necessary (for example, cases of possible keratitis, and conjunctivitis or dry eye that does not resolve after treatment); • urgently review patients with sudden changes in vision or significant eye pain that does not settle. Cautioned in patients with Helminth Infection Dupilumab can be used with or without topical corticosteroids. Topical calcineurin inhibitors may be used, but should be reserved for problem areas only, such as the face, neck, intertriginous and genital areas. Ensure that the asthma service is informed when a patient with severe or unstable co-morbid asthma is commenced on dupilumab. Patients should also be made aware that if dupilumab is discontinued, their asthma may become more severe. Therefore, the asthma team should be informed at the time of discontinuation so a review can be undertaken.	**Adults (For paediatric doses please consult SmPC)** 600mg SC stat followed by 300mg SC on alt weeks Review Treatment if no response after 16 weeks • **Also indicated for Severe Asthma with type 2 inflammation- Consult with Respiratory Team** • **Chronic rhinosinusitis with nasal polyposis (CRSwNP)** • Eosinophilic Oesophagitis (Not NICE approved for this indication) • Prurigo Nodularis (Not NICE approved for this indication)
Tralokinumab (ADTRALZA®)	IL13 inhibitor	16 weeks	MHRA/CHM advice: Risk of ocular adverse reactions and need for prompt management (November 2022) Associated with ocular side-effects; commonly, conjunctivitis and allergic conjunctivitis, and less commonly, keratitis. Patients who develop conjunctivitis that does not resolve following standard treatment should receive an ophthalmological examination. Healthcare professionals are advised to discuss with patients or their carers the potential for ocular side-effects and to manage any reactions promptly, especially in patients experiencing eye pain or changes to their vision. Cautioned in patients with Helminth Infections. Can be used with or without topical corticosteroids. Topical calcineurin inhibitors may be used, but should be reserved for problem areas only, such as the face, neck, intertriginous and genital areas.	600mg SC stat followed by 300mg SC on alt weeks. Can decrease to 300mg every 4 weeks if clear skin after 16 weeks
Nemolizumab (NEMLUVIO®)	IL-31 inhibitor	16 weeks	Can be used with topical corticosteroids and/or topical calcineurin inhibitors. When the disease has sufficiently improved, discontinue the use of topical therapies	60mg at week 0, followed by 30mg every 4 weeks until week 16. Recommended maintenance dose is 30mg every 8 weeks.

MHRA/CHM advice: Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality (April 2023)

Healthcare professionals are advised to:

- avoid use in patients aged 65 years or older, in patients who are current or past long-time smokers, and in patients with other cardiovascular disease or malignancy risk factors, unless there are no suitable alternatives;
- use with caution in patients with risk factors for venous thromboembolism;
- use lower doses in patients with risk factors, where applicable;
- periodically examine all patients' skin for malignancy;
- inform patients and their carers of these risks, and the signs and symptoms that warrant urgent medical attention.

Abrocitinib (CIBINQO)	JAK-1 Inhibitor	12 weeks	See MHRA advice above ***Contraindicated:*** If absolute lymphocyte count less than 0.5 x 10^9 cells/litre Absolute neutrophil count less than 1 x 10^9 cells/litre Haemoglobin less than 8g/dL Platelet Count less than 150 x 10^9 cells/litre Clinically significant active infection ***Cautioned:*** Chronic or recurrent infection Aged 65 years or older History of atherosclerotic cardiovascular disease or other cardiovascular risk factors; history of serious or opportunistic infection; predisposition to infection; risk factors for deep-vein thrombosis or pulmonary embolism; risk factors for malignancy; risk of viral reactivation (consult product literature); tuberculosis exposure	200mg once daily with food 100mg daily if aged greater than 65 years, have risk factors for developing adverse drug reactions **Check for drug interactions** Reduce initial dose by half with concurrent use of potent CYP2C19 inhibitors Females of childbearing potential should use effective contraception during treatment and for 1 month after last treatment. Female fertility may be temporarily reduced during treatment—studies in animals show that the effects on fertility are reversible 1 month after stopping treatment.
Baricitinib (OLUMIANT)	JAK -1 & JAK-2 inhibitor	8 weeks	***Contraindicated:*** If absolute lymphocyte count less than 0.5 x 10^9 cells/litre Absolute neutrophil count less than 1 x 10^9 cells/litre Haemoglobin less than 8g/dL Platelet Count less than 150 x 10^9 cells/litre Active TB infection ***Cautioned:*** Active, chronic, or recurrent infection (interrupt treatment if no response to standard therapy); elderly (65 years and older); history of atherosclerotic cardiovascular disease or other cardiovascular risk factors; risk factors for deep-vein thrombosis or pulmonary embolism; risk factors for malignancy; risk of diverticulitis; risk of viral reactivation (consult product literature)	4mg daily 2mg daily if aged greater than 75years, history of chronic or recurrent infections, or when lower maintenance therapy indicated. If creatinine clearance 30-60mL/min **Check for drug interactions** Manufacturer advises effective contraception during and for at least 1 week after treatment in women of child-bearing potential.
Upadacitinib (RINVOQ)	JAK-1 inhibitor	12 weeks	***Contraindicated:*** If absolute lymphocyte count less than 0.5 x 10^9 cells/litre Absolute neutrophil count less than 1 x 10^9 cells/litre Haemoglobin less than 8g/dL Platelet Count less than 150 x 10^9 cells/litre Active TB infection ***Cautioned:*** Chronic or recurrent infection; elderly (65 years and older); history of atherosclerotic cardiovascular disease or other cardiovascular risk factors; history of serious or opportunistic infection; patients at risk of gastro-intestinal perforation (new onset abdominal signs and symptoms should be evaluated promptly); predisposition to infection; risk factors for deep-vein thrombosis or pulmonary embolism; risk factors for	30mg PO daily 15mg PO daily if aged greater than 65 years and in severe renal failure **Check for drug interactions** Manufacturer advises females of childbearing potential should use effective contraception during and for 4 weeks after treatment.

Drug	Therapeutic class	Patient and clinical considerations	Administration and dosage
Alitretinoin	Retinoid	Note that alitretinoin is licensed for severe chronic hand eczema only. Use for moderate chronic hand eczema is unlicensed but widely considered acceptable practice. **Contraindications**: Hepatic insufficiency Severe renal insufficiency (CrCl <30ml/min) Uncontrolled raised lipids Uncontrolled hypothyroidism Hypervitaminosis A Concomitant treatment with tetracyclines Hypersensitivity to alitretinoin, retinoids, peanuts or soya Female patients of child-bearing age should be entered into the Pregnancy Prevention Programme before commencing treatment and should only receive a 30-day supply at a time. Depression, anxiety, psychosis and suicide ideation have been reported with alitretinoin. Patients should be asked about mood alterations frequently during treatment and alitretinoin must be stopped if they develop these symptoms Refer to SPC for full details of all cautions association with alitretinoin	The recommended starting dose is 30mg daily, but a dose reduction to 10mg may be considered if patients experience severe adverse events. Capsules should be taken with a main meal.