1. **Treatment & Condition**
   Dupilumab for treating moderate to severe atopic dermatitis

2. **Associated appraisal body & Summary of ruling**
   NICE Technology Appraisal guidance TA534 (August 2018)
   Dupilumab (Dupixent®) is recommended as an option for treating moderate to severe atopic dermatitis in adults, only if:
   - the disease has not responded to at least 1 other systemic therapy, such as ciclosporin, methotrexate, azathioprine and mycophenolate mofetil, or these are contraindicated or not tolerated
   - the company provides dupilumab according to the commercial arrangement
   Stop dupilumab at 16 weeks if the atopic dermatitis has not responded adequately. An adequate response is:
   - at least a 50% reduction in the Eczema Area and Severity Index score (EASI 50) from when treatment started and
   - at least a 4-point reduction 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 that could affect the responses to the DLQI, and make any adjustments they consider appropriate.

3. **Number of people in Northern Ireland expected to take up service/therapy**
   According to the Resource Impact Template that accompanies NICE TA534, it is estimated that:
   - 247 adults with moderate to severe atopic dermatitis are eligible for treatment with dupilumab
   - 148 people will receive treatment with dupilumab from year 2022/23 onwards once uptake has reached 60%. Of these people, 40 will stop dupilumab after 16 weeks because of inadequate response
   - 108 people will continue treatment with dupilumab

4. **Patient Access Scheme Availability**
   (Yes/No)
   The company (Sanofi Genzyme) has a commercial arrangement. This makes dupilumab available to the NHS with a discount. The size of the discount is commercial in confidence.
5. **Infrastructure Requirements**

Any additional infrastructure costs associated with the introduction of this medicine for this indication will be dealt with as part of the routine commissioning process.

6. **Expected implementation period**

There is no impediment to implementation of this guidance.

7. **Commissioning arrangements**

This regime will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team initially on a cost per case basis initially.

8. **Monitoring arrangements**

The HSC Board has robust arrangements in place for the monitoring of all biologic therapies (patient numbers and waiting times), and this regime will be included within the routinely provided return.

All monitoring returns for biologics are reviewed by the specialist services commissioning team.

9. **DoH (NI) Legislative/Policy Caveats**

This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.