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Quick reference guide

Tacrolimus and pimecrolimus for atopic eczema

1 Guidance

- 1.1 Topical tacrolimus and pimecrolimus are not recommended for the treatment of mild atopic eczema or as first-line treatments for atopic eczema of any severity.
- 1.2 Topical tacrolimus is recommended, within its licensed indications, as an option for the second-line treatment of moderate to severe atopic eczema in adults and children aged 2 years and older that has not been controlled by topical corticosteroids (see 1.4), where there is a serious risk of important adverse effects from further topical corticosteroid use, particularly irreversible skin atrophy.
- 1.3 Pimecrolimus is recommended, within its licensed indications, as an option for the second-line treatment of moderate atopic eczema on the face and neck in children aged 2 to 16 years that has not been controlled by topical corticosteroids (see 1.4), where there is a serious risk of important adverse effects from further topical corticosteroid use, particularly irreversible skin atrophy.
- 1.4 For the purposes of this guidance, atopic eczema that has not been controlled by topical corticosteroids refers to disease that has not shown a satisfactory clinical response to adequate use of the maximum strength and potency that is appropriate for the patient's age and the area being treated.
- 1.5 It is recommended that treatment with tacrolimus or pimecrolimus be initiated only by physicians (including general practitioners) with a special interest and experience in dermatology, and only after careful discussion with the patient about the potential risks and benefits of all appropriate second-line treatment options.

2 Implementation

2.1 Implications for the NHS

- 2.1.1 The guidance will affect only a small proportion of people with atopic eczema who have moderate or severe forms of the disease. It is not clear what proportion of people with moderate or severe disease currently experience an unsatisfactory clinical response to adequate use of the maximum strength and potency of topical corticosteroid that is appropriate for their age and the area being treated, who are at serious risk of developing important adverse effects from further topical corticosteroid use such as permanent skin atrophy. It is therefore unclear what proportion of people with moderate or severe atopic eczema would be eligible for tacrolimus or pimecrolimus under this guidance. For pimecrolimus, this is further complicated by the lack of information on the number of children with moderate atopic eczema that has not been controlled by topical corticosteroids and who are affected by the disease on the face and neck. Full details of the implications for the NHS, including cost estimations, are in the full guidance (see 'Further information').

Technology Appraisal Guidance 82

This guidance is written in the following context:

This guidance represents the view of the Institute, which was arrived at after careful consideration of the available evidence. Health professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of health professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

2.2 Local implementation and audit

- 2.2.1 All clinicians who care for people with atopic eczema should review their current practice and policies to take account of the guidance set out in Section 1.
- 2.2.2 Local guidelines or care pathways for people with atopic eczema should incorporate the guidance.
- 2.2.3 Suggestions for audit to measure compliance locally with the guidance are included in the full guidance (see 'Further information').

Further information

Distribution

The distribution list for this quick reference guide is available on the NICE website at www.nice.org.uk/TA082distributionlist

Full guidance

The full guidance is available from www.nice.org.uk/TA082guidance

It contains the following sections: 1 Guidance; 2 Clinical need and practice; 3 The technologies; 4 Evidence and interpretation; 5 Recommendations for further research; 6 Implications for the NHS; 7 Implementation and audit; 8 Related guidance; 9 Review of guidance.

The full guidance also gives details of the Appraisal Committee, the sources of evidence considered and suggested criteria for audit.

Information for the Public

NICE has produced information describing this guidance for people with atopic eczema, their families, and the public. This information is available from the NHS Response Line and from the NICE website (www.nice.org.uk/TA082publicinfo).

Related guidance

NICE has published guidance on the frequency of application of topical corticosteroids for atopic eczema, available from www.nice.org.uk/TA081guidance

Ordering information

Copies of this quick reference guide can be obtained from the NICE website at www.nice.org.uk/TA082quickrefguide or from the NHS Response Line by telephoning 0870 1555 455 and quoting reference number N0686. 'Information for the public' can be obtained by quoting reference number N0687 for the English version and N0688 for a version in English and Welsh.

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