NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Ruxolitinib cream for treating moderate atopic dermatitis after topical corticosteroids and calcineurin inhibitors (ID6602)

Final scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness of ruxolitinib cream within its anticipated marketing authorisation for treating moderate atopic dermatitis when topical corticosteroids and calcineurin inhibitors are inadequate or not appropriate, in adults.

Background

Atopic dermatitis (also known as atopic eczema) is a long-term condition that affects the skin. It is characterised by itchy and inflamed skin, often associated with background dryness. The skin can also ooze and weep. Symptoms may differ between people with different skin tones. Constant scratching can cause the skin to split and bleed, which can cause skin infections. Atopic dermatitis can affect any part of the body but it most often affects elbows, knees and hands[1]. For more severe cases, managing the symptoms can be challenging resulting in issues with sleep, anxiety, depression, social isolation and reduced quality of life [2, 3].

Estimates of the prevalence of atopic dermatitis vary. It is more common in childhood, affecting around 15 – 20% of children, and around 1 – 3% of adults in the UK[4, 5]. Moderate to severe disease affects around 8% of people with atopic dermatitis. Of these people, around 60% of people are referred to secondary care or specialist treatment and around 37% may need systemic treatment (excluding glucocorticoids)[5].

Atopic dermatitis is usually managed in primary care. Treatment strategies include advice on avoiding factors that can provoke dermatitis, such as soap, and the use of emollients to moisturise and relieve symptoms. For flares, or dermatitis that does not respond to these measures, NICE technology appraisal 81 recommends topical corticosteroids with continued use of emollients.

Second line treatment options include topical calcineurin inhibitors (technology appraisal guidance 82). Phototherapy and photochemotherapy (psoralen–ultraviolet A; PUVA) can be used to manage moderate to severe atopic dermatitis in selected adults and older children [6].

People with moderate or severe atopic dermatitis not responding to topical treatments may be referred to secondary care and offered stronger oral medications such as oral steroids or conventional systemic immunomodulatory treatments (azathioprine, ciclosporin, mycophenolate mofetil and methotrexate).[7]

If the condition does not respond to conventional systemic immunomodulatory treatment, or if these are not tolerated or not suitable, then targeted systemic therapies, such as a biological medicine or a Janus kinase (JAK) inhibitor, can be offered for treating moderate to severe atopic dermatitis:

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- Dupilumab is recommended in adults (technology appraisal 534)
- Nemolizumab with topical corticosteroids or calcineurin inhibitors, or both, is recommended for people aged 12 and over with a body weight of 30 kg or more when systemic treatment is suitable and if a biological medicine would otherwise be offered (technology appraisal 1077).
- Lebrikizumab is recommended for people aged 12 and over with a bodyweight of 40 kg or more if a biologic would otherwise be offered (technology appraisal 986)
- Tralokinumab is recommended in adults (technology appraisal 814).
- Abrocitinib and upadacitinib are recommended in people aged 12 years and over (technology appraisal 814)
- Baricitinib is recommended in adults (technology appraisal 681)

The technology

Ruxolitinib (Opzelura) does not currently have a marketing authorisation in the UK for moderate atopic dermatitis. It has been studied in placebo-controlled clinical trials in people with atopic dermatitis.

Intervention(s)	Ruxolitinib cream
Population(s)	Adults with moderate atopic dermatitis when topical corticosteroids and calcineurin inhibitors are inadequate or not appropriate.
Subgroups	If the evidence allows the following subgroup will be considered: • Site of atopic dermatitis (for example, hands, neck and face) • skin colour
Comparators	Established clinical management which may include: • Conventional immunomodulatory therapies (azathioprine, ciclosporin, methotrexate, mycophenolate mofetil) for people who have not previously had a systemic therapy. • Biological medicines (nemolizumab, dupilumab, tralokinumab, lebrikizumab) and JAK inhibitors (abrocitinib, upadacitinib, baricitinib) for people whose condition has not responded to at least 1 other systemic therapy, or these are not suitable.

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Outcomes	The outcome measures to be considered include: • measures of disease severity • measures of symptom control including improvement in itch • disease free period/maintenance of remission • time to relapse/prevention of relapse • adverse effects of treatment • health-related quality of life.
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective. The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account. The availability and cost of biosimilar and generic products should be taken into account.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations	**Related technology appraisals:** Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over (2025). NICE technology appraisal 1077. Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over (2024). NICE technology appraisal 986. Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis. (2022) NICE technology appraisal 814. Baricitinib for treating moderate to severe atopic dermatitis (2021). NICE technology appraisal 681.

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	Dupilumab for treating moderate to severe atopic dermatitis (2018). NICE technology appraisal 534. **Related NICE guidelines:** Secondary infection of common skin conditions including eczema: antimicrobial prescribing**.** NICE guideline NG190. **Related interventional procedures:** Grenz rays therapy for inflammatory skin conditions (2007) NICE interventional procedures guidance 236**.**

References

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3 Eczema UK, Mental health support, Accessed June 2026
4 BMJ Best Practice Epidemiology (2025), Accessed March 2026
5 Kleyn C.E, McKenzie R, Meeks A, Gittens B, von Arx L, Prevalence and treatment patterns of adult atopic dermatitis in the UK Clinical Practice Research Datalink (2023) Skin Health and Disease, 10;3(4):e232
6 Simpson EL, Bruin-Weller M, Flohr C, Ardern-Jones MR, Barbarot S (2017) When does atopic dermatitis warrant systemic therapy? Recommendations from an expert panel of the International Eczema Council. Journal of the American Academy of Dermatology 2017; 77(4):623-633.
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