

# Treating Atopic Dermatitis

## Medication Information for Health Care Professionals

In continuing our focus on safe, high-quality and cost-effective care, we're providing this fact sheet as a resource for care providers who are treating patients with atopic dermatitis (AD).

**Please note:** Information contained in this fact sheet is based on the recommendations of the [American Academy of Dermatology](#).

### Clinical Recommendations

- Having a regular skin care routine and use of emollients is a first-line treatment for AD-affected individuals.
- Topical corticosteroids (TCS) are recommended for people who don't have a skin care regimen or regularly use emollients.
- Reported incidence of side effects from TCS use is low, and systematic review of the data concluded that TCS overall has a good safety profile (minimal serious side effects).<sup>1</sup>
  - Proactively applying mid-potency TCS 1-2 times weekly for up to 40 weeks hasn't shown adverse cutaneous side effects, such as: purpura, telangiectasia, striae, focal hypertrichosis and acneiform or rosacea-like eruptions in clinical trials.
  - No specific monitoring for systemic side effects is recommended for patients with AD at this time.
  - Hypothalamic-pituitary-adrenal axis suppression concerns can be assessed by performing a cortisol stimulation test to check for appropriate adrenal response.
- There are a variety of factors to consider when choosing which topical corticosteroid to use for the treatment of AD. These include:
  - Age
  - Areas of the body to which the medicine will be applied
  - Degree of xerosis
  - Patient preference
  - Cost of medication
- Proactive, intermittent use of TCS as maintenance therapy (1-2 times a week) on areas that commonly flare is recommended to help prevent relapses and is more effective than use of emollients alone.<sup>2</sup>

- Corticosteroids, available for children ages 2 and younger, have also been shown to decrease pruritis, and can be used for both active inflammatory disease and for prevention of relapses.<sup>2,3</sup>
- During significant acute flares, the use of mid- or higher-potency TCS for short courses may be appropriate to gain rapid control of symptoms, even in children.<sup>2,3</sup>
- For long-term management, you can use the least-potent corticosteroid that's effective to minimize the risk of adverse effects.
- Use greater caution regarding TCS potency when treating thin skin sites (i.e. face, neck and other skin folds), where there's greater penetration and higher likelihood for systemic absorption.

## Available Treatments to Help with AD

There's a brand-only, non-steroidal topical cream available called Eucrisa® (crisaborole) for treatment of mild to moderate AD. While Eucrisa is available on the state formulary, there are also alternative medications with proven efficacy available for members of all ages with AD.

- Eucrisa is only Food and Drug Administration (FDA) approved for ages 2 and older with an estimated cost of approximately \$600 per tube.
- Up to 4% of people experience burning and/or stinging at application site from Eucrisa.
- Cost-effective alternative agents available on the State Medicaid Formulary include:<sup>6</sup>

### Medium Potency for Atopic Dermatitis

Generic name	Strength	Dose form
Betamethasone valerate	0.1%	Cream
Fluticasone prop	0.05%	Cream
Mometasone furoate	0.1%	Cream, ointment
Triamcinolone acetonide	0.025%	Cream, ointment
Triamcinolone acetonide	0.1%	Cream, ointment

### Medium to High Potency for Resistant Atopic Dermatitis

Generic name	Strength	Dose form
Fluticasone propionate	0.005%	Ointment
Triamcinolone acetonide	0.5%	Cream, ointment

### High Potency for Resistant Atopic Dermatitis

Generic name	Strength	Dose form
Betamethasone dipropionate augmented	0.05%	Cream

### Ultra-High Potency for Resistant Atopic Dermatitis

Generic name	Strength	Dose form
Clobetasol propionate	0.05%	Cream, gel, ointment
Clobetasol propionate/emollient	0.05%	Cream
Halobetasol propionate	0.05%	Cream, ointment

## Sources

<sup>1</sup>Journal of the American Academy of Dermatology. Guidelines of care for the management of atopic dermatitis. [https://www.jaad.org/article/S0190-9622\(14\)01257-2/fulltext](https://www.jaad.org/article/S0190-9622(14)01257-2/fulltext).

<sup>2</sup>Eichenfield LF, Tom WL, Berger TG, Krol A, Paller AS, Schwarzenberger K, et al. Guidelines of care for the management of atopic dermatitis: section 2. Management and treatment of atopic dermatitis with topical therapies. *J Am Acad Dermatol*. 2014 Jul;71(1):116-32.

<sup>3</sup>Thomas KS, Armstrong S, Avery A, Po AL, O'Neill C, Young S, et al. Randomized controlled trial of short bursts of a potent topical corticosteroid versus prolonged use of a mild preparation for children with mild or moderate atopic eczema. *BMJ* 2002;324:768.

<sup>4</sup>Hebert AA. Desonide foam 0.05%: safety in children as young as 3 months. *J Am Acad Dermatol* 2008;59:334-40.

<sup>5</sup>Schmitt J, von Kobyletzki L, Svensson A, Apfelbacher C. Efficacy and tolerability of proactive treatment with topical corticosteroids and calcineurin inhibitors for atopic eczema: systematic review and meta-analysis of randomized controlled trials. *Br J Dermatol* 2011;164:415-28.

<sup>6</sup>UnitedHealthcare Preferred Drug List, available for prescribers created by UnitedHealthcare internal Pharmacist.