

Starting a Biologic for Atopic Dermatitis

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Conflicts of Interest

- AbbVie
- Arcutis
- Bristol Myers
- Dermavant
- EPI Health
- Novartis
- Sun
- Sanofi/Regeneron

Atopic Dermatitis



Figure 1



Figure 2

Back in my day

- The epidermis suffers from a defect in filaggrin protein creating a defective skin barrier
- Resulting in a dry and cracked skin surface
- Thus permitting allergens to penetrate the compromised skin
- Dendritic cells then present the allergen to the immune system and the inflammatory storm results

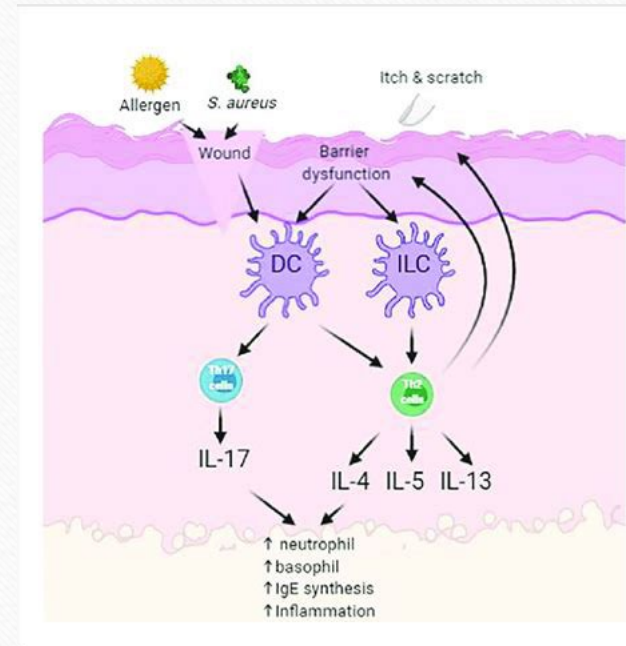


Figure 3

Pathophysiology of AD today

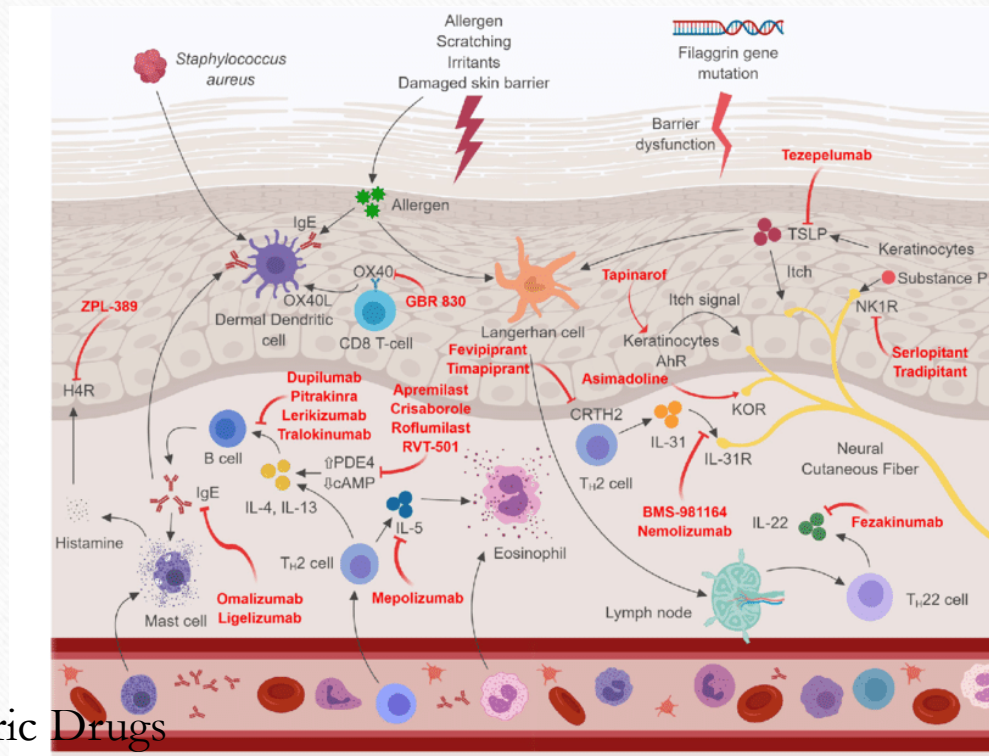


Figure 4 Nguyen Pediatric Drugs

What's the hold up?

- Demystify the stigma of treating chronic inflammatory disease
- Need to know vs Nice to know
- Context
- Behavior Change

Operational Efficiencies

- Labs required?
- Vaccinations ok?
- Follow-up schedule ?
- Navigating patient discussion on options, risks vs benefits
- Patient Expectations
 - Itch relief
 - Skin clearance

Mechanism of Action

- Dupilumab (Dupixent)
 - IL-4 & IL-13
- Tralokinumab (Adbry)
 - IL-13

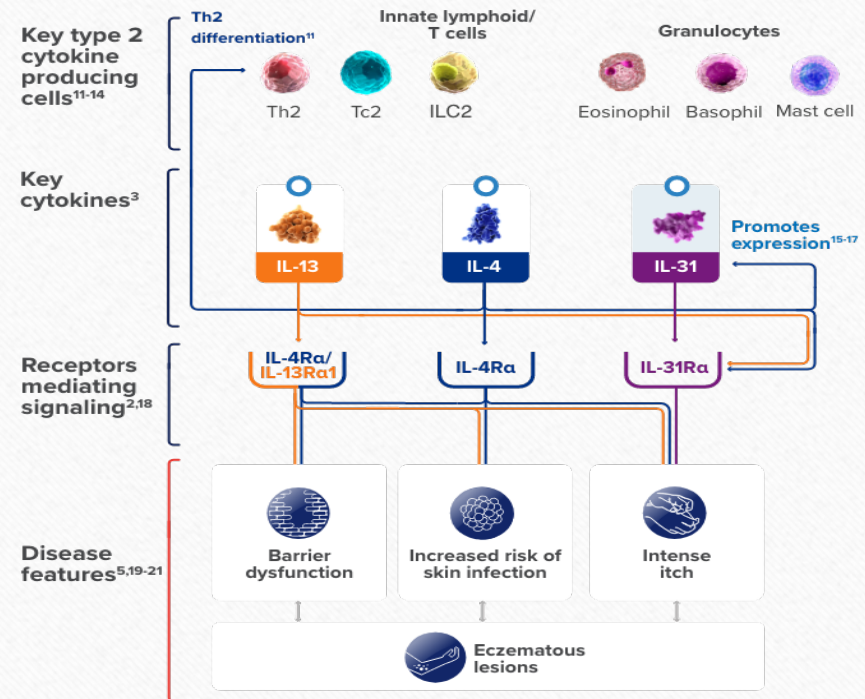


Figure 5

Screening/Clinical Algorithm

- Built in template vs paper
- Who asks the questions and when?
- When do you review?
- Are these 10, 20, 30 min apts

dupilumab (Dupixent)

- MOA
 - Fully human monoclonal antibody
 - Targets IL-4 and IL-13 signaling
 - Inhibits signaling and avoids broad spectrum immunosuppression
- 5 Indications *pt, not just disease state
 - 6 mos and older with mod/sev AD
- Dosing
 - Pens 200 and 300mg Pens (2+ yrs old)
 - Prefilled syringe (6+ mos and older)



Figure 6

dupilumab (Dupixent) cont.

- ISI
 - Hypersensitivity, conjunctivitis and keratitis, eosinophilic conditions, arthralgia, parasitic infection
- Vaccines
 - No live, cognizant of pediatric pts and vaccine status
- No Labs!!
 - Initial or ongoing monitoring**

dupilumab (Dupixent) cont.

- Setting patient expectations
 - Encouraging and empowering verbiage
 - Explain how to obtain refills through specialty
 - Note when they should see improvement
 - Anecdotally
 - According to Clinical Trials
- Schedule Follow-up
 - 3 months
 - 6 months once stable
 - One becomes a FBSE and other Refills
- When should they call the office?

tralokinumab (Adbry)

- MOA
 - Fully human monoclonal antibody
 - Neutralizes IL-13
 - Preventing IL-13 induced inflammatory responses in the skin
 - Improves the chronic itch scratch cycle
 - Targeted suppression
- Indication
 - Mod/Severe AD in 18 years and older

tralokinumab (Adbry)

- Dosing
 - 150mL pre-filled syringe
 - Loading dose 600mg (4 syringes)
 - Maintenance 300mg every 2 weeks
 - At 16 weeks if well controlled can decrease maintenance to every 4 weeks



Figure 7

tralokinumab (Adbry) cont.

- ISI
 - Hypersensitivity or parasitic infections
 - conjunctivitis/keratitis, URI, injection site reaction, eosinophilia
- Vaccines
 - No Live
- Labs
 - Not required; initial or monitoring

tralokinumab (Adbry) cont.

- Setting patient expectations
 - Encouraging and empowering verbiage
 - Explain how to obtain refills through specialty
 - Note when they should see improvement
 - Anecdotally
 - Brief study highlights
- Schedule Follow-up
 - 3 months
 - 6 months once stable
 - One becomes a FBSE and other Refill time
- When should they call the office?

Now What?

Challenging Cases

Arthralgia

- 63 y/o male, no pertinent medical hx, 10 yr hx of atopic
- Stable on dupilumab for 4 months “this changed my life”
- Presents after 6 week hx and workup with PCP and ortho
- What I learned
 - Work-up
 - Timeline for improvement
 - Treatment was palliative; tried and failed NSAID, Rx'd Prednisone taper
 - Enhanced education on potential side effects

Dupilumab (dupixent) assoc. ocular surface disease

- Consult ophthalmology
 - Lubricating eye drops
 - Lid hygiene
 - Topical steroids
 - Topical cyclosporin
- Medication switch?
 - Tralokinumab (Adbry), JAK, conventional therapy

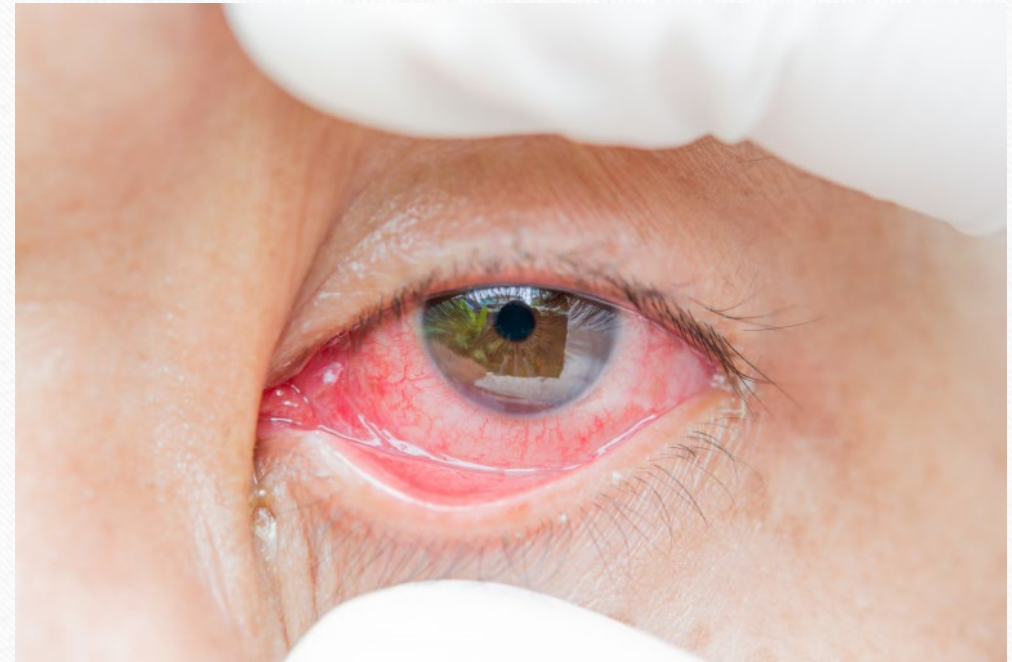


Figure 8

Thank You!

References

- Adbry package insert. Regeneron; November 2020.
- Dupixent package insert. Leo Pharma; December 2022
- HMP Education. (2019) *Improving outcomes in Atopic Dermatitis*. <https://www.youtube.com/watch?v=jOnJE4L0rH0>
- *Figure 1. Atopic Dermatitis. Adapted from* https://farm4.staticflickr.com/3202/2702256407_5c09567d52_z.jpg
- *Figure 2. Eczema Clinic Adapted from* <https://www.newcastle-hospitals.nhs.uk/services/dermatology/eczema/>
- *Figure 3. Atopic Pathophysiology. Adapted from* https://www.researchgate.net/figure/Simplified-schematic-of-pathogenesis-of-atopic-dermatitis-AD-with-skin-barrier_fig1_343341293
- *Figure 4. AD Emerging Therapies. Adapted from* file:///Users/sjsimmerman/Downloads/AD_Emerging_Therapies_Article.pdf
- *Figure 5. Type 2 Inflammation. Adapted from* <https://www.type2inflammation.com/dermatology/atopic-dermatitis/recognize>

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- *Figure 7. Adbry. Adapted from* <https://www.adbry.com/>
- *Figure 8. Optometry and Vision Science. Adapted from* <https://www.unsw.edu.au/medicine-health/our-schools/optometry/research-impact/publications/dupilumab-associated-ocular-manifestations-review-clinical-presentations-and-management>