Vitiligo CHI Formulary Treatment Algorithm



Treatment Algorithm – October 2023

Supporting Treatment Algorithm for the Clinical Management of Vitiligo

Figure 1 outlines a comprehensive treatment algorithm on the management of Vitiligo, aimed at addressing the different lines of treatment after thorough review of medical and economic evidence by CHI committees.

For further evidence, please refer to CHI Vitiligo full report. You can stay updated on the upcoming changes to our formulary by visiting our website at https://chi.gov.sa/AboutCCHI/CCHIprograms/Pages/IDF.aspx

PATIENT MANAGEMENT PATHWAY - VITILIGO

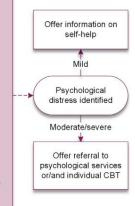
Please use in conjunction with the summary of recommendations and discussions in the guideline and supporting information document

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GENERAL MANAGEMENT

- Undertake a full history:
 - o site and type of vitiligo
 - o document BSA affected (www.vitiligo-calculator.com)
 - o stability
 - o speed of onset
 - o triggers
 - o QoL
 - o psychological/psychosocial impact
 - o personal/family history of thyroid dysfunction/autoimmune disease
- · Routinely screen for antithyroid antibodies and thyroid function
- · Discuss psychosocial impact
- Assess and monitor QoL and level of psychological distress (e.g. PHQ-4, PHQ-9, GAD7, DLQI, VIPs or VitiQoL)
- · Take clinical photographs for monitoring
- Provide a PIL (<u>www.skinhealthinfo.org.uk/a-z-conditions-treatments/</u>)
- · Consider measuring serum vitamin D for those avoiding sun exposure
- Consider cosmetic skin camouflage in those who would like to explore this
 option
- Offer 4* or 5* UVA SPF 50 sunscreen



FIRST LINE

- Offer potent or very potent topical corticosteroid once daily (to minimize potential side-effects); avoid periocular area
- Consider topical tacrolimus 0.1% BD for facial vitiligo, especially the periocular region
- Consider topical tacrolimus 0.1% BD under occlusion on photoexposed areas only for nonfacial vitiligo
- Consider intermittent regimen, e.g. alternating weeks of once-daily application of potent or very potent topical corticosteroids +/- topical tacrolimus, for areas with thinner skin

SECOND LINE

- Offer NB-UVB (whole-body or localized) +/- topical corticosteroid or calcineurin inhibitors
- For rapidly progressive disease, consider oral betamethasone 0.1 mg/kg twice weekly on two consecutive days for 3 months; then taper the dose by 1 mg/month for a further 3 months in combination with NB-UVB

THIRD LINE

(These treatments are not widely available on the NHS but in a limited number of centres with a specialist interest)

- Consider excimer laser/light + topical calcineurin inhibitors for localized vitiliao
- Consider cellular grafting for stable, segmental or nonsegmental vitiligo
- Consider CO₂ laser + 5-FU in adults with nonsegmental vitiligo on hands and feet
- Consider depigmentation therapies for extensive vitiligo on visible sites

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¹ Eleftheriadou V, Atkar R, Batchelor J, et al. British Association of Dermatologists guidelines for the management of people with vitiligo 2021*. *British Journal of Dermatology*. 2022;186(1):18-29. doi:10.1111/bjd.20596