Topical Tacrolimus
for People with Facial Vitiligo

Traffic light classification – AMBER 2
Information sheet for Primary Care Prescribers

Purpose of this document: To provide practical guidance on the use of topical tacrolimus for people with facial vitiligo

Target audience: General Practitioners who are asked by a consultant dermatologist to initiate and continue topical tacrolimus for the treatment of facial vitiligo

Background: Vitiligo is an autoimmune condition that results in progressive skin depigmentation. It affects around 1% of the population. The main impact is on quality of life and mental health, especially in people with darker skin tones. It is a progressive condition that may start in childhood. Many patients seek treatment for vitiligo, especially on visible areas such as the face. Treatment can vary from simple reassurance and information to active treatment, such as potent topical corticosteroids and topical tacrolimus. The Primary Care Dermatology Society has a useful summary of vitiligo which can be found here.

For *facial vitiligo*, topical tacrolimus is the preferred treatment because, unlike potent topical corticosteroids, it does not cause skin thinning. The use of topical tacrolimus (mainly 0.1% but also 0,03% if needed) for the treatment of facial vitiligo that has been diagnosed by a consultant dermatologist either by face-to-face consultation or through the advice and guidance pathway has been approved by the Nottinghamshire Area Prescribing Committee (January 2023) as **Amber 2**.

Practical Guidance:

General measures: Ensure that the vitiligo areas are protected from the sun with a factor 30 sunscreen.

Using topical tacrolimus for facial vitiligo: Topical tacrolimus is available in two strengths: 0.1% and 0.03%. Only the stronger 0.1% preparation is likely to induce meaningful repigmentation for facial vitiligo, although the 0.03% preparation can be considered for maintaining remission.

Topical 0.1% tacrolimus ointment should be applied twice daily to the affected areas. It is fine to apply the ointment near the eyes and mouth. Inform the patient that it is being used off-license for this indication.

Side effects: A warm or burning sensation often occurs during the first few weeks of treatment. It is usually mild and settles with time. It may be worse in those who drink alcohol. Topical tacrolimus is a very safe topical medication with over 20 years of experience in using it for atopic eczema. It is not associated with an increased risk of lymphoma or skin cancer.

How and when to assess treatment response: Make sure you take some good baseline digital images and have these ready when you assess treatment response. Because repigmentation can be slow and unpredictable, we suggest that you assess treatment response after 6 months of treatment with 0.1% topical tacrolimus when you should take additional digital images. If there is no repigmentation, then you should stop treatment. If there is definite early repigmentation, then please continue until the patient is satisfied with the repigmentation (which can take 2-3 years). Once satisfactory repigmentation has been achieved, the options are to stop treatment and hope that the results are sustained, or you could try 0.03% topical tacrolimus once daily.