Appendix B

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Delgocitinib for treating moderate to severe chronic hand eczema

Final scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness of delgocitinib within its marketing authorisation for treating moderate to severe chronic hand eczema.

Background

Hand eczema (also known as hand dermatitis) is an inflammatory skin condition that causes the hands to become dry, itchy, cracked and painful. Inflamed skin may appear red or darker than the surrounding skin, and can present differently on people with different skin tones. Scaling, soreness, weeping and bleeding of the affected skin may also occur. Cracks in the skin from hand eczema may increase susceptibility to infection, and severe cases of hand eczema may affect mobility and use of the hands.[1] Severe hand eczema may also impact mental well being. One type of hand eczema is pompholyx eczema, which is where itchy, watery blisters develop, mostly on the sides of the fingers or palms of the hands.

Hand eczema may be acute or chronic depending on the cause. Chronic hand eczema is defined by the European Society of Contact Dermatitis as hand eczema with symptoms lasting for more than 3 months or with relapses more than once per year[2]. The most common causes of hand eczema are atopic hand eczema, caused by genetic or endogenous factors, and irritant or allergic contact dermatitis, which is caused by exposure to irritants or allergens, respectively. The allergic cause may be identified with patch tests. Hand eczema may also be caused by a combination of these elements. Hand eczema affects around 10% of the general population and up to 30% of people in high-risk occupational groups such as healthcare workers. Between one third and one half of hand eczema cases are moderate or severe.[3,4]

Treatment aims to restore normal skin, reduce symptoms and improve hand function. Current standard care for hand eczema includes regular application of emollients. Moderate to severe hand eczema is typically treated with potent topical corticosteroids or calcineurin inhibitors during an acute episode. Eczema that has not responded to topical corticosteroids may be treated with a short course of immunosuppressants (such as azathioprine, ciclosporin or methrotrexate), and/or ultraviolet light therapy.

NICE technology appraisal guidance 177 recommends alitretinoin as a treatment option for adults with severe chronic hand eczema that has not responded to potent topical corticosteroids if the person has severe disease, as defined by the physician's global assessment (PGA) and a dermatology life quality index (DLQI) score of 15 or more.

The technology

Delgocitinib (brand name unknown, Leo Pharma) does not currently have a marketing authorisation in the UK. It has been studied in clinical trials comparing

© National Institute for Health and Care Excellence 2024. All rights reserved.

Appendix B

delgocitinib with cream vehicle in adults with moderate to severe chronic hand eczema that has not responded to treatment with topical corticosteroids or for whom topical corticosteroids are inadequate or inappropriate. It has also been studied in a clinical trial comparing delgocitinib with alitretinoin in adults with severe chronic hand eczema that has not responded to treatment with topical corticosteroids or for whom topical corticosteroids are inadequate or inappropriate.

Intervention(s)	Delgocitinib
Population(s)	Adults with moderate to severe chronic hand eczema that has not responded to treatment with topical corticosteroids or for whom topical corticosteroids are inadequate or inappropriate
Subgroups	• Primary cause of hand eczema (atopic or contact) • Moderate vs severe disease • Inadequate response to topical corticosteroids vs topical corticosteroids inadequate or inappropriate
Comparators	• Alitretinoin (in severe hand eczema) • Topical calcineurin inhibitors • Ultraviolet light therapy (PUVA, narrowband UVB) • Systemic immunosuppressive therapies (azathioprine, ciclosporin, methotrexate and mycophenolate mofetil)
Outcomes	The outcome measures to be considered include: • measures of disease severity • measures of symptom control, including improvement in itch • time to relapse/prevention of relapse • adverse effects of treatment • health-related quality of life.

© National Institute for Health and Care Excellence 2024. All rights reserved.

Appendix B

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 of any managed access arrangement for the intervention 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:** Alitretinoin for the treatment of severe chronic hand eczema (2009) NICE technology appraisal guidance 177. 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. Dupilumab for treating moderate to severe atopic dermatitis (2018) NICE technology appraisal 534. Tacrolimus and pimecrolimus for atopic eczema (2004) NICE technology appraisal guidance 82. Frequency of application of topical corticosteroids for atopic eczema (2004) NICE technology appraisal guidance 81. **Related technology appraisals in development:** Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over. NICE technology appraisal guidance [ID4025] Publication date to be confirmed

© National Institute for Health and Care Excellence 2024. All rights reserved.

Appendix B

	Related NICE guidelines: Secondary infection of common skin conditions including eczema: antimicrobial prescribing (2021) NICE guideline NG190. **Related interventional procedures:** Grenz rays therapy for inflammatory skin conditions (2007) NICE interventional procedures guidance 236.
Related National Policy	The NHS Long Term Plan (2019) NHS Long Term Plan NHS England (2023) Manual for prescribed specialist services (2023/2024)

References

1. National Eczema Society (2023) Hand eczema. Accessed August 2024.

2. Thyssen JP, Schuttelaar MLA, Alfonso JH, et al. (2022) Guidelines for diagnosis, prevention, and treatment of hand eczema. Contact Dermatitis. 2022; 86: 357-78.

3. Quaade AS, Simonsen AB, Halling AS et al. (2021) Prevalence, incidence, and severity of hand eczema in the general population–a systematic review and meta-analysis. Contact Dermatitis 84(6):361-74.

4. Yüksel YT, Symanzik C, Christensen MO et al. (2024) Prevalence and incidence of hand eczema in healthcare workers: A systematic review and meta-analysis. Contact Dermatitis 90:331–42.

© National Institute for Health and Care Excellence 2024. All rights reserved.