Gemeinsamer Bundesausschuss

Resolution

of the Federal Joint Committee on an Amendment of the Pharmaceuticals Directive: Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a SGB V Delgocitinib (moderate to severe chronic hand eczema)

of 3 April 2025

At their session on 3 April 2025, the Federal Joint Committee (G-BA) resolved to amend the Pharmaceuticals Directive (AM-RL) in the version dated 18 December 2008 / 22 January 2009 (Federal Gazette, BAnz. No. 49a of 31 March 2009), as last amended by the publication of the resolution of D Month YYYY (Federal Gazette, BAnz AT DD.MM.YYYY BX), as follows:

I. Annex XII shall be amended in alphabetical order to include the active ingredient Delgocitinib as follows:

Delgocitinib

Resolution of: 3 April 2025
Entry into force on: 3 April 2025
Federal Gazette, BAnz AT DD. MM YYYY Bx

Therapeutic indication (according to the marketing authorisation of 19 September 2024):

Anzupgo is indicated for the treatment of moderate to severe chronic hand eczema (CHE) in adults for whom topical corticosteroids are inadequate or inappropriate.

Therapeutic indication of the resolution (resolution of 3 April 2025):

Therapeutic indication according to marketing authorisation.

1. Additional benefit of the medicinal product in relation to the appropriate comparator therapy

Adults with moderate to severe chronic hand eczema for whom topical corticosteroids are inadequate or inappropriate

Appropriate comparator therapy:

- Individualised therapy consisting of topical and systemic therapy

a) Adults with severe chronic hand eczema for whom alitretinoin as monotherapy is the appropriate patient-individual therapy option

Extent and probability of the additional benefit of delgocitinib compared to alitretinoin:

An additional benefit is not proven.

b) Adults with moderate to severe chronic hand eczema for whom alitretinoin as monotherapy is not the appropriate patient-individual therapy option

Extent and probability of the additional benefit of delgocitinib compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:[1]

Adults with moderate to severe chronic hand eczema for whom topical corticosteroids are inadequate or inappropriate

a) Adults with severe chronic hand eczema for whom alitretinoin as monotherapy is the appropriate patient-individual therapy option

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No deaths occurred.
Morbidity	↔	No relevant differences for the benefit assessment.
Health-related quality of life	↔	No relevant differences for the benefit assessment.
Side effects	↑	Disadvantage in the endpoint of therapy discontinuation due to AEs. In detail, advantages in the endpoints of gastrointestinal disorders and headache.
Explanations: ↑: statistically significant and relevant positive effect with low/unclear reliability of data ↓: statistically significant and relevant negative effect with low/unclear reliability of data ↑↑: statistically significant and relevant positive effect with high reliability of data ↓↓: statistically significant and relevant negative effect with high reliability of data ↔: no statistically significant or relevant difference ∅: No data available. n.a.: not assessable		

DELTA FORCE study: Delgocitinib **versus** alitretinoin

Mortality

Endpoint	Delgocitinib		Alitretinoin		Delgocitinib vs alitretinoin
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
Overall mortality					
	253	0 (0)	247	0 (0)	–

[1]Data from the dossier assessment of the IQWiG (A24-107) and from the addendum (A25-73), unless otherwise indicated.

Morbidity[b]

Endpoint	Delgocitinib		Alitretinoin		Delgocitinib vs alitretinoin
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
Symptomatology (HECSI-90[d])					
	249	109 (43.7)	250	115 (46.2)	0.9 [0.61; 1.34] 0.613
Symptomatology (HESD)					
Improvement by ≥ 4 points at week 24[e]	188	93 (49.4)	192	110 (57.6)	0.9 [0.70; 1.06] 0.146
Itching (presented additionally)	188	93 (49.4)	192	110 (57.6)	–
Pain (presented additionally)	175	105 (59.9)	180	107 (59.5)	–
Health status (EQ-5D-VAS)					
Improvement by ≥ 15 points at week 24[f]	201	97 (48.4)	197	99 (50.2)	1.0 [0.78; 1.19] 0.736

Health-related quality of life

Endpoint	Delgocitinib			alitretinoin			Intervention vs control
	N[g]	Values at the start of study MV (SD)	Change at week 24 MV[h] (SE)	N[g]	Values at the start of study MV (SD)	Change at week 24 MV[h] (SE)	Effect[i] [95% CI] p value[a]
Health-related quality of life (HEIS[j])							
	231	n.d.	-1.51 (0.06)	237	n.d.	-1.49 (0.06)	-0.02 [-0.19; 0.14] 0.789

Side effects

Endpoint	Delgocitinib		Alitretinoin		Delgocitinib vs alitretinoin
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
Adverse events (presented additionally)[k]					
	253	125 (49.4)	247	188 (76.1)	–
Serious adverse events (SAEs)[k]					
	253	5 (2.0)	247	12 (4.9)	0.42 [0.15; 1.19] 0.091
Therapy discontinuation due to adverse events					
	253	3 (1.2)	247	25 (10.1)	0.12 [0.04; 0.38] < 0.001
Gastrointestinal disorders (SOC, AE)					
	253	9 (3.6)	247	50 (20.2)	0.18 [0.09; 0.35] < 0.001
Headache (PT, AE)					
	253	10 (4.0)	247	80 (32.4)	0.12 [0.07; 0.23] < 0.001

[a] Cochran-Mantel-Haenszel method stratified by CHE subtype (hyperkeratotic/ non-hyperkeratotic).
[b] The results on overall mortality are based on the information on fatal AEs.
[c] Treatment policy strategy: Consideration of all observed values even after initiation of rescue therapy or permanent discontinuation of study medication and replacement of missing values by means of multiple imputation under the assumption that these are missing at random.
[d] Defined as a decrease in the scale value by ≥ 90% compared to the start of the study with a scale range of 0 to 360. Lower (decreasing) values mean an improvement of symptomatology. Patients with a baseline value were included in the analysis.
[e] An improvement is defined as a decrease of ≥ 4 points compared to the start of the study with a scale range of 0 to 10. Lower (decreasing) values mean an improvement of symptomatology. Patients with a baseline value ≥ 4 points were included in the analysis.
[f] An improvement is defined as an increase of ≥ 15 points compared to the start of the study with a scale range of 0 to 100. Higher (increasing) values mean an improvement of health status. According to the information provided by the pharmaceutical company, patients with a baseline value ≥ 1.5 points were included in the analysis. This limit is not comprehensible. It is assumed that the analysis includes patients who can achieve an improvement, i.e. with a baseline value ≤ 85.
[g] Number of patients considered in the effect estimate. The values at week 24 may be based on other patient numbers.
[h] ANCOVA of changes from the start of the study to week 24, adjusted for treatment arm, CHE subtype (hyperkeratotic/ non-hyperkeratotic) and baseline value.
[i] Hedges' g of the ANCOVA changes normalised with variance estimates of the respective differences
[j] Lower (decreasing) values mean better health-related quality of life; negative effects (intervention minus control) and an advantage for the intervention (scale range 0 to 4).
[k] Total rate of AEs including disease-related events.
Abbreviations used:
HEIS: Hand Eczema Impact Scale; HESD: Hand Eczema Symptom Diary; HECSI-90: Hand Eczema Severity Index-90; n.d.: no data available; CI: confidence interval; MV: mean value; n: number of patients with (at least 1) event; N: number of patients evaluated; n: number of patients with (at least one) event; PT= preferred term;

PC = pharmaceutical company; RCT: randomised controlled trial; RR: relative risk; SD: standard deviation; SE: standard error; SOC: System Organ Class; SAE: serious adverse event; AE: adverse event; vs: versus

b) Adults with moderate to severe chronic hand eczema for whom alitretinoin as monotherapy is not the appropriate patient-individual therapy option

No data available.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data available.
Morbidity	∅	No data available.
Health-related quality of life	∅	No data available.
Side effects	∅	No data available.

Explanations:
↑: statistically significant and relevant positive effect with low/unclear reliability of data
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n.a.: not assessable

2. Number of patients or demarcation of patient groups eligible for treatment

Adults with moderate to severe chronic hand eczema for whom topical corticosteroids are inadequate or inappropriate

Approx. 160,000 – 200,000 patients

3. Requirements for a quality-assured application

The requirements in the product information are to be taken into account. The European Medicines Agency (EMA) provides the contents of the product information (summary of product characteristics, SmPC) for Anzupgo (active ingredient: delgocitinib) at the following publicly accessible link (last access: 3 February 2025):

https://www.ema.europa.eu/en/documents/product-information/anzupgo-epar-product-information_en.pdf

Treatment with delgocitinib should only be initiated and monitored by doctors experienced in the therapy of chronic hand eczema.

4. Treatment costs

Annual treatment costs:

Adults with moderate to severe chronic hand eczema for whom topical corticosteroids are inadequate or inappropriate

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Delgocitinib	Different from patient to patient
Appropriate comparator therapy:	
Hydrocortisone butyrate[2]	Different from patient to patient
Methylprednisolone aceponate[3]	Different from patient to patient
Clobetasol propionate[4]	Different from patient to patient
Tacrolimus	Different from patient to patient
Pimecrolimus	Different from patient to patient
Alitretinoin	€ 1,459.05 – € 3,282.18
Dupilumab	€ 16,037.15
Methylprednisolone[5]	Different from patient to patient

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 March 2025)

Costs for additionally required SHI services: not applicable

[2]Hydrocortisone butyrate is presented as an example for class II topical glucocorticoids.
[3]Methylprednisolone aceponate is presented as an example for class III topical glucocorticoids.
[4]Clobetasol propionate is presented as an example for class IV topical glucocorticoids.
[5]Methylprednisolone is shown as an example of the systemic glucocorticoids.

5. Designation of medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V that can be used in a combination therapy with the assessed medicinal product

In the context of the designation of medicinal products with new active ingredients pursuant to Section 35a, paragraph 3, sentence 4 SGB V, the following findings are made:

Adults with moderate to severe chronic hand eczema for whom topical corticosteroids are inadequate or inappropriate

- No medicinal product with new active ingredients that can be used in a combination therapy and fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

The designation of combinations exclusively serves the implementation of the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. The findings made neither restrict the scope of treatment required to fulfil the medical treatment mandate, nor do they make statements about expediency or economic feasibility.

II. The resolution will enter into force on the day of its publication on the website of the G-BA on 3 April 2025.

The justification to this resolution will be published on the website of the G-BA at www.g-ba.de.

Berlin, 3 April 2025

Federal Joint Committee (G-BA)
in accordance with Section 91 SGB V
The Chair

Prof. Hecken