

Budget impact analysis of delgocitinib cream for moderate to severe Chronic Hand Eczema in the United States

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Conclusions

- The introduction of delgocitinib cream to a US Commercial Health plan involving one million members is estimated to result in a cumulative three-year budget impact of **-\$87,753,057**, equating to **\$7.31** cumulative cost savings per member per month (PMPM).
- This budget impact analysis (BIA) shows that use of delgocitinib cream, as a treatment for moderate to severe Chronic Hand Eczema (CHE) in adults who have had an inadequate response to, or for whom topical corticosteroids (TCS) are inadvisable, is estimated to generate a significant amount of cost savings to US Commercial Health plans compared to currently used treatments.

Objectives

- To determine the budget impact, to a hypothetical United States (US) Commercial Health plan, of introducing delgocitinib cream as an option for the treatment of moderate to severe CHE in adults who have had an inadequate response, or for whom TCS are not advisable.

Background

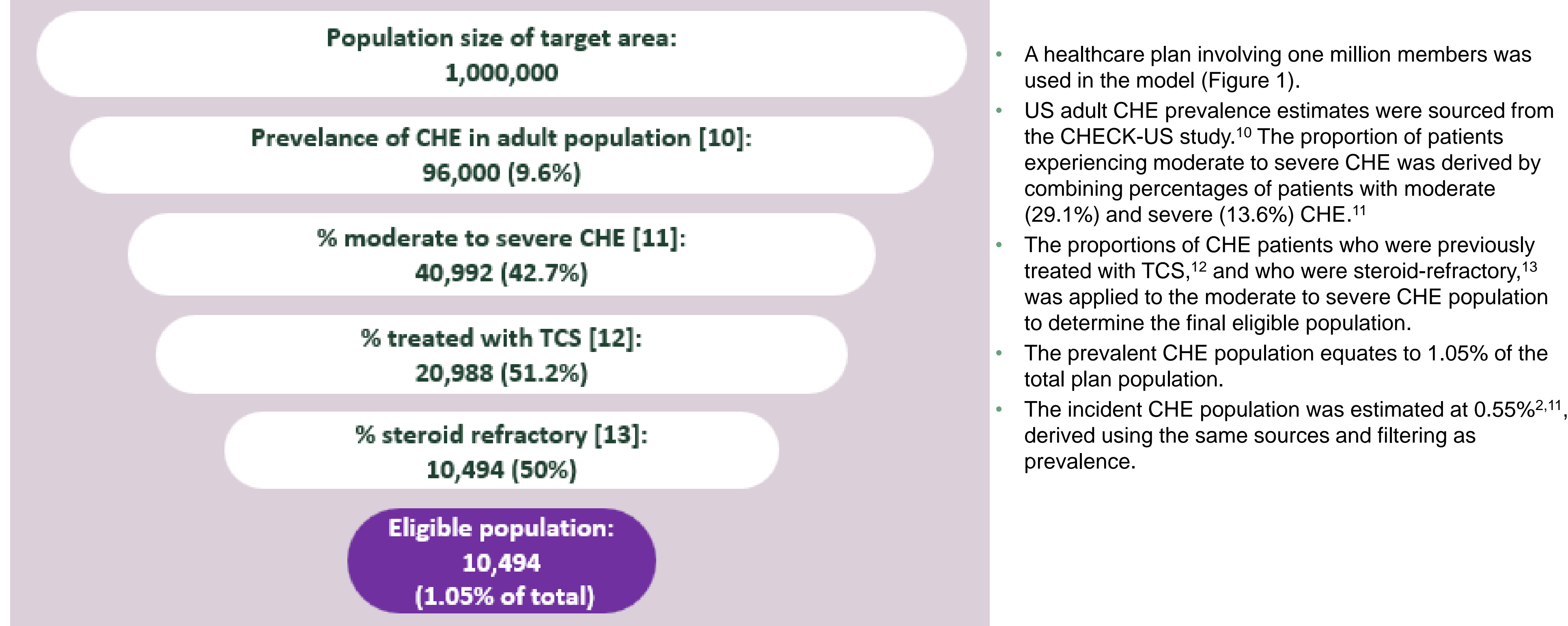
- Hand eczema (HE) is a long-term, reoccurring, pruritic, inflammatory skin disease of the hands and wrists, characterised by symptoms of itch and pain.¹
- CHE occurs when HE lasts ≥3 months or relapses at least twice annually. CHE is multifactorial and heterogenous with overlapping causes including irritant, allergic and atopic dermatitis, as well as chronic vesicular and hyperkeratotic morphologies.^{1,2}
- Moderate to severe CHE negatively impacts patient quality of life, mental health, activities of daily living, and employment, resulting in significant physical, social and mental burden.³ Several studies have reported on the economic burden of CHE in the US,^{4, 5} and Europe^{6,7} including diagnosis, consultations, frequent treatment monitoring, hospitalizations and out-of-pocket and work productivity expenses.
- Delgocitinib cream 20 mg/g, approved in July 2025, is the first and only Food and Drug Administration (FDA)-approved treatment for adults with moderate to severe CHE who have had an inadequate response to, or for whom TCS are not advisable.⁸

Methods

- A BIA was developed, from the perspective of a US Commercial Health plan of one million members, to calculate the budget impact over three years of introducing delgocitinib cream for the treatment of moderate to severe CHE in adults who have had an inadequate response, or for whom TCS are not advisable.
- In the absence of alternative FDA-approved treatments for CHE in the US, the model comparators included treatments indicated for atopic dermatitis but used off-label for CHE. These include oral Janus kinase (JAK) inhibitors (abrocitinib, upadacitinib), topical JAK inhibitor (ruxolitinib) and biologic treatment (dupilumab).
- The proportion of patients on each treatment was used to calculate healthcare costs in a scenario without delgocitinib cream and a scenario with delgocitinib cream.
- Cost categories (sources) in the model included drug costs (RedBook), monitoring costs (Centre for Medicare and Medicaid Services Physician Fee Schedule), and adverse event (AE) costs (published literature).
- AEs of all severities were included, based on incidence in clinical trials of delgocitinib cream and comparators.
- Costs were adjusted to 2024 using the Organization for Economic Co-Operation and Development Consumer Price Index.⁹

Population funnel

Figure 1 Prevalent population eligible for treatment with delgocitinib cream in year 1



Results

Total budget impact

- Over the three-year time horizon, the introduction of delgocitinib cream results in a total cumulative budget impact of **-\$87,753,057**.
- Annually, the net budget impact is **-\$2,973,478** in year one, **-\$21,424,214** in year two, and **-\$63,355,366** in year three (Figure 2).
- Cost savings are gained primarily from drug costs (97.2% of total cost savings), followed by adverse event cost savings (1.54 %) and monitoring costs (1.27%).

Budget impact: per member per month (PMPM)

- Over the three-year time horizon, the cumulative and average cost savings PMPM totalled **\$7.31** and **\$2.44**, respectively.
- Annually, the cost saving PMPM of introducing delgocitinib cream is **-\$0.25**, **-\$1.79**, and **-\$5.28** in years one to three, respectively (Figure 3).

Budget impact: per patient per year (PPPY)

- Over the three-year time horizon, the cumulative PPPY cost savings reach **\$7,631** (Table 1).
- Annually, the cost saving PPPY of introducing delgocitinib cream is **\$283**, **\$1,931** and **\$5,417** in years one to three, respectively.

Figure 2 Total budget impact of introducing delgocitinib cream (\$)

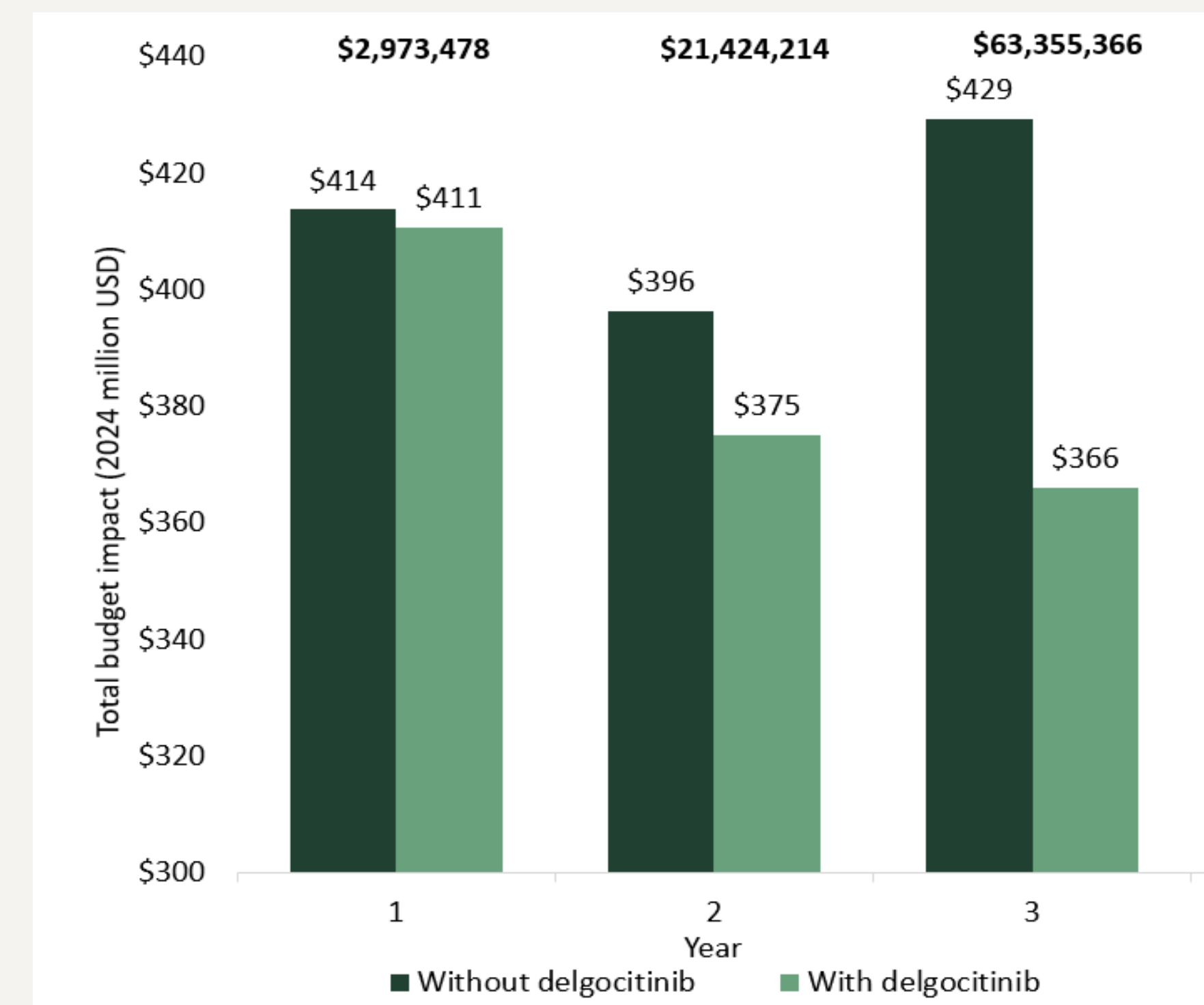
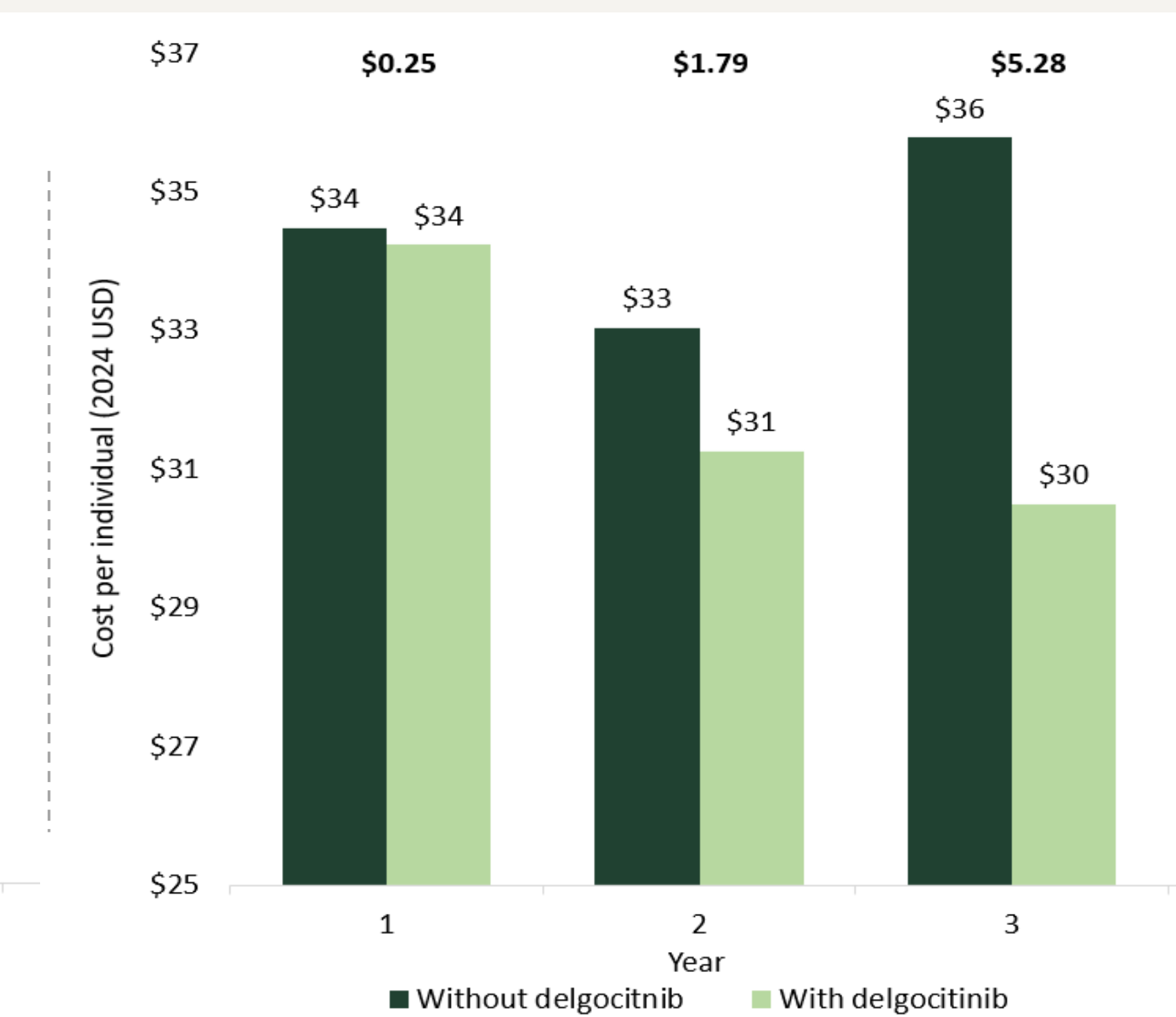


Figure 3 PMPM cost saving of introducing delgocitinib cream (\$)



Bolded values above the bars represent budget impact saving in each year.

Abbreviations BIA – Budget impact analysis; CHE – Chronic hand eczema; CHECK – Chronic Hand Eczema epidemiology Care and Knowledge of real-life burden; FDA – Food and Drug Administration; HE – Hand eczema; JAK – Janus kinase; PPPY – per patient per year; PMPM – per member per month; TCS – topical corticosteroids; US – United States

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Table 1 PPPY cost savings following the introduction of delgocitinib cream (\$)

Scenario	Cost category	Year 1	Year 2	Year 3	Total (3 years)
Current scenario	Drug costs	\$37,352	\$33,707	\$34,687	\$105,747
	Monitoring	\$1,550	\$1,542	\$1,527	\$4,619
	Adverse events	\$524	\$483	\$490	\$1,497
	Total	\$39,426	\$35,732	\$36,705	\$111,864
Future scenario	Drug costs	\$37,076	\$31,833	\$29,422	\$98,330
	Monitoring	\$1,546	\$1,516	\$1,460	\$4,523
	Adverse events	\$521	\$453	\$406	\$1,380
	Total	\$39,143	\$33,801	\$31,288	\$104,232
Difference	Drug costs	-\$277	-\$1,875	-\$5,265	-\$7,417
	Monitoring	-\$4	-\$26	-\$67	-\$97
	Adverse events	-\$2	-\$31	-\$84	-\$117
	Total	-\$283	-\$1,931	-\$5,417	-\$7,631

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