Reference number(s)
7118-C

Initial Prior Authorization with Quantity Limit Anzupgo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Anzupgo	delgocitinib

Indications

FDA-approved Indications

Anzupgo is indicated for the topical treatment of moderate to severe chronic hand eczema (CHE) in adults who have had an inadequate response to, or for whom topical corticosteroids are not advisable.

Limitations of Use

Use of Anzupgo in combination with other JAK inhibitors or potent immunosuppressants is not recommended.

Coverage Criteria

Chronic Hand Eczema

Authorization may be granted when the requested drug is being prescribed for the topical treatment of moderate to severe chronic hand eczema in an adult patient when ALL of the following criteria are met:

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- The requested drug is NOT being prescribed in combination with other janus kinase (JAK) inhibitors or potent immunosuppressants.
- The patient meets ONE of the following:
  - The patient has experienced an inadequate treatment response to a medium or higher potency topical corticosteroid.
  - A medium or higher potency topical corticosteroid is NOT advisable for the patient.

Continuation of Therapy

Chronic Hand Eczema

Authorization may be granted when the requested drug is being prescribed for the topical treatment of moderate to severe chronic hand eczema in an adult patient when ALL of the following criteria are met:

- The requested drug is NOT being prescribed in combination with other janus kinase (JAK) inhibitors or potent immunosuppressants.
- The patient has achieved or maintained a positive clinical response as evidenced by improvement [e.g., improvement in or resolution of any of the following signs and symptoms: erythema (redness), edema (swelling), xerosis (dry skin), erosions, excoriations (evidence of scratching), oozing and crusting, lichenification (epidermal thickening), OR pruritus (itching)].

Quantity Limits Apply

60 grams per 25 days or 180 grams per 75 days.

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Duration of Approval (DOA)

- 7118-C: Initial therapy DOA: 5 months; Continuation of therapy DOA: 12 months

References

1. Anzupgo [package insert]. Madison, NJ: LEO Pharma Inc.; July 2025.
2. Efficacy and Safety of Delgocitinib Cream in Adults with Moderate to Severe Chronic Hand Eczema (DELTA 1). ClinicalTrials.gov identifier: NCT04871711. Updated April 8, 2025. Accessed July 29, 2025. https://clinicaltrials.gov/study/NCT04871711.

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3. Efficacy and Safety of Delgocitinib Cream in Adults with Moderate to Severe Chronic Hand Eczema (DELTA 2). ClinicalTrials.gov identifier: NCT04872101. Updated April 8, 2025. Accessed July 29, 2025. https://clinicaltrials.gov/study/NCT04872101.
4. Eichenfield LF, Tom WL, et. al. Guidelines of care for the management of atopic dermatitis: Section 2. Management and treatment of atopic dermatitis with topical therapies. J Am Acad Dermatol 2014; 71:116-32.
5. U.S. Department of Health & Human Services. Burn Triage and Treatment – Thermal Injuries. Chemical Hazards Emergency Medical Management. December 26, 2024. Available at: https://chemm.hhs.gov/burns.htm. Accessed July 28, 2025.

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