



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Anzupgo

Page: 1 of 2

Effective Date: 11/4/2025

Last Review Date: 10/1/2025

Applies to:  Illinois  
 Florida Kids

New Jersey  
 Pennsylvania Kids

Maryland  
 Virginia

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Anzupgo under the patient's prescription drug benefit.

### Description:

#### FDA-Approved Indication

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.

### Applicable Drug List:

Anzupgo

### Policy/Guideline:

The patient unable to take tacrolimus ointment and Eucrisa, the formulary alternatives for the given diagnosis, due to a trial and inadequate treatment response or intolerance, or a contraindication.

### Criteria for Initial Approval:

#### 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 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:



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- 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)].

#### Approval Duration and Quantity Restrictions:

**Initial Approval:** 5 months

**Renewal Approval:** 12 months

**Quantity Level Limit:** 60 grams per 30 days

#### 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>.
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.