ALASKA MEDICAID
Prior Authorization Criteria

Anzupgo®
(delgocitinib)

FDA INDICATIONS AND USAGE[1]

Anzupgo® is a Janus kinase (JAK) inhibitor 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.

APPROVAL CRITERIA[1,2]

1. Patient meets FDA labeled age **AND**;
2. Prescribed by or in consultation with an allergist, dermatologist or immunologist **AND**;
3. Patient has the diagnosis of chronic hand eczema **AND**;
4. The patient has hand eczema that has been present for a minimum of three months or has experienced three or more distinct episodes of hand eczema within a 12 month period with subsequent clearance between episodes **AND**;
5. Patient has tried and failed a minimum of one medium potency topical corticosteroid for at least one month or has a documented clinical contraindication to all medium potency topical corticosteroids

DENIAL CRITERIA [1]

1. Failure to meet approval criteria **OR**;
2. Concomitant use together with another JAK inhibitor or potent immunosuppressant, including biologic immunomodulators

CAUTIONS[1]

- Anzupgo® may increase the risk of infection.
- Non-melanoma skin cancers, including basal cell carcinoma, have been reported in patients treated with Anzupgo®.
- It is currently unknown whether Anzupgo® may be associated with the previously observed or potential adverse reactions associated with JAK inhibition.

DURATION OF APPROVAL

- Initial Approval: up to 3 months
- Reauthorization Approval: up to one year

QUANTITY LIMIT

- 60 grams per 30 days

REFERENCES / FOOTNOTES:

1. Anzupgo® (delgocitinib) [prescribing information]. Madison, NJ: Leo Pharma Inc.; July 2025
2. Davis DMR, Frazer-Green L, Alikhan A, et al. Focused update: guidelines of care for the management of atopic dermatitis in adults. J Am Acad Dermatol. 2025 Sep;93(3):745.e1-745.e7.1.