Mass General Brigham
Health Plan

Anzupgo (delgocitinib) cream
Effective 03/01/2026

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Anzupgo (delgocitinib) cream 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.

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

Patients should not use more than 30 grams per 2 weeks or 60 grams per month.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of the following criteria are met:

1. Member has a diagnosis of moderate to severe chronic hand eczema (CHE)
2. Member is 18 years of age or older
3. Requested medication is prescribed by or in consultation with one of the following:
    a. Dermatologist
    b. Allergist/Immunologist
4. Trial and failure of a minimum 30-day supply (14-day supply for topical corticosteroids), contraindication, or intolerance to BOTH of the following:
    a. Medium or high potency topical corticosteroids (see Appendix A)
    b. Topical calcineurin inhibitor (e.g., tacrolimus ointment)
5. Requested medication will not be used in combination with other Janus kinase (JAK) inhibitors or potent immunosuppressants (e.g., azathioprine, cyclosporine)

<u>Continuation of Therapy</u>
Requests for reauthorization will be approved when the following criteria are met:

1. Documentation has been submitted supporting clinical improvement in the member's condition as

evidenced by low disease activity (e.g., clear or almost clear skin), or improvement in signs and symptoms of chronic hand eczema (e.g., erythema, scaling, hyperkeratosis, fissures).

2. Requested medication continues to be not used in combination with other JAK inhibitors or potent immunosuppressants (e.g., azathioprine or cyclosporine)

Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply

Drug Name and Dosage Form	Quantity Limit
Anzupgo cream	60 grams per 30 days

Appendix

Appendix A: Topical Corticosteroid Reference (not all inclusive)

Potency	Drug	Dosage form	Strength
Super-high potency	Augmented betamethasone dipropionate	Ointment, Lotion, Gel	0.05%
	Clobetasol propionate	Cream, Gel, Ointment, Solution, Cream (emollient), Lotion, Shampoo, Foam, Spray	0.05%
	Fluocinonide	Cream	0.1%
	Flurandrenolide	Tape	4 mcg/cm^2
	Halobetasol propionate	Cream, Lotion, Ointment, Foam	0.05%
High potency	Amcinonide	Ointment	0.1%
	Augmented betamethasone dipropionate	Cream	0.05%
	Betamethasone dipropionate	Ointment	0.05%
	Clobetasol propionate	Cream	0.025%
	Desoximetasone	Cream, Ointment, Spray	0.25%
		Gel	0.05%
	Diflorasone diacetate	Ointment, Cream (emollient)	0.05%
	Fluocinonide	Cream, Ointment, Gel, Solution	0.05%
	Halcinonide	Cream, Ointment	0.1%
	Halobetasol propionate	Lotion	0.01%
High potency	Amcinonide	Cream, Lotion	0.1%
	Betamethasone dipropionate	Cream, hydrophilic emollient	0.05%
	Betamethasone valerate	Ointment	0.1%
		Foam	0.12%
	Desoximetasone	Cream, Ointment	0.05%
	Diflorasone diacetate	Cream	0.05%
	Fluocinonide	Cream, aqueous emollient	0.05%
	Fluticasone propionate	Ointment	0.005%
	Mometasone furoate	Ointment	0.1%
	Triamcinolone acetonide	Cream, Ointment	0.5%

Potency	Drug	Dosage form	Strength
Medium potency	Betamethasone dipropionate	Spray	0.05%
	Clocortolone pivalate	Cream	0.1%
	Fluocinolone acetonide	Ointment	0.025%
	Flurandrenolide	Ointment	0.05%
	Hydrocortisone valerate	Ointment	0.2%
	Mometasone furoate	Cream, Lotion, Solution	0.1%
	Triamcinolone acetonide	Cream	0.1%
		Ointment	0.05% and 0.1%
		Aerosol Spray	0.2 mg per 2-second spray

References

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11. Weisshaar E, Yüksel YT, Agner T, et al. Development and validation of a patient-reported outcome measure of the impact of chronic hand eczema on health-related quality of life: the Hand Eczema Impact Scale (HEIS). *Dermatol Ther (Heidelb)*. 2024[b];14(11):3047-3070. doi: 10.1007/s13555-024-01267-0.

Review History
01/14/2026 – Reviewed at December P&T. Effective 03/01/2026.