

# Delgocitinib (ANZUPGO) Cream in Chronic Hand Eczema Criteria for Use December 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

## Exclusion Criteria

If ANY of the following are selected, the patient will NOT meet criteria for delgocitinib cream.

- Uncontrolled active infection; however, delgocitinib cream may be started/restarted once treatment for the infection is initiated.
- Active hepatitis B or hepatitis C.
- Concomitant live or live-attenuated vaccines or administration of inactivated, live, or live-attenuated vaccines less than 2 weeks before initiation of therapy with delgocitinib cream.

## Inclusion Criteria

All the following must be selected to meet criteria.

- Prescribed and monitored by a VA/VA Community Care dermatologist or locally-designated expert.
- Documented diagnosis of **moderate or severe chronic hand eczema** (hand eczema that has persisted for more than 3 months or returned twice or more in the previous 12 months).
- Offered all age-appropriate vaccinations prior to initiating therapy, including for herpes zoster.
- High or super-high potency topical corticosteroid therapy** is medically inadvisable, not tolerated or not adequate (after  $\geq 4$  weeks).
- Topical tacrolimus ointment 0.1%** therapy is medically inadvisable, not tolerated or not adequate (after  $\geq 4$  weeks).

## Additional Inclusion Criteria – Select If Applicable

- If the chronic hand eczema is the atopic subtype: **Topical tapinarof cream 1%** therapy is medically inadvisable, not tolerated or not adequate (after  $\geq 4$  weeks)
- For females who are pregnant or planning to become pregnant: Counseling provided on potential risks vs benefits of treatment.
- For females who are lactating/providing breastmilk to an infant or planning to do so: Counseling provided on the risks and benefits of treatment.

## Other Justification

\_\_\_\_\_

Original: December 2025.

Contact: Francine Goodman, PharmD, BCPS, National Program Manager, VA Pharmacy Benefits Management Services – Formulary Management (12PBM)