Iowa PDL New Drug Review

Proprietary Name: Anzupgo®
Common Name: delgocitinib
PDL Category: Anti-Inflammatories, Non-NSAID

Pharmacology/Usage: Delgocitinib, the active ingredient of Anzupgo®, is a Janus kinase (JAK) inhibitor. It inhibits the activity of JAK1, JAK2, JAK3, and tyrosine kinase 2 (TYK2). JAK signaling involves recruitment of signal transducers and activators of transcription (STATs) to cytokine receptors, and activation and subsequent localization of STATs to the nucleus, leading to the expression of cytokine-responsive genes to induce specific biological responses in target cells. The exact mechanism of action is currently not known.

Indication: 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. A limitation of use includes that the use of Anzupgo® in combination with other JAK inhibitors or potent immunosuppressants is not recommended.

There is no pregnancy category for this medication; however, the risk summary indicates that the available data on use of topical delgocitinib during pregnancy is not sufficient to assess for a drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. The safety and efficacy of use in the pediatric population have not been established.

Dosage Form: Cream: 2%. Each gram of cream contains 20mg of delgocitinib.

Recommended Dosage: Complete any necessary immunizations, including herpes zoster vaccinations, per current immunization guidelines prior to Anzupgo® treatment.

For topical use only. Before application, clean and dry affected areas.

Do not use more than 30 grams per 2 weeks or 60 grams per month. Apply a thin layer twice daily to the affected areas only on the hands and wrists.

Drug Interactions: There are no drug interactions listed with this product.

Box Warning: There is no box warning listed with this product.

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Anzupgo®) reported in ≤1% of subjects in two trials. There was no placebo data to compare with in the prescribing information.* The most frequently reported adverse events included application site pain, paresthesia, pruritus, erythema, and bacterial skin infections including finger cellulitis, paronychia, other skin infections, leukopenia, and neutropenia.

Anzupgo® may increase the risk of infections. Eczema herpeticum was observed in a subject treated with Anzupgo®. Serious and sometimes fatal infections due to bacterial, mycobacterial, invasive fungal, viral, or other opportunistic pathogens have been reported in patients receiving oral or topical JAK inhibitors. Avoid use of Anzupgo® in patients with an active or serious infection. Consider the risks and benefits of treatment prior to starting Anzupgo® in patients:

- With chronic or recurrent infection.
- Who have been exposed to tuberculosis.
- With a history of a serious or an opportunistic infection.
- With underlying conditions that may predispose them to infection.

Closely monitor patients for the development of signs and symptoms of infection during and after Anzupgo® treatment. A patient who develops a new infection during treatment should undergo complete diagnostic testing; appropriate antimicrobial therapy should be started; and the patient should be closely monitored. Interrupt Anzupgo® treatment if a patient develops a serious infection. Do not resume Anzupgo® until the infection resolves or is adequately treated.

The impact of Anzupgo® on chronic viral hepatitis reactivation is not known. Patients with active hepatitis B or C infection were excluded from Anzupgo® clinical trials. Consider viral hepatitis screening and monitoring for reactivation per clinical guidelines before starting therapy and during therapy with Anzupgo®. If signs of reactivation occur, consult a hepatitis specialist. Anzupgo® is not recommended for use in patients with active hepatitis B or hepatitis C.

Non-melanoma skin cancers including basal cell carcinoma have been reported in subjects treated with Anzupgo®. Periodic skin examinations of the application sites are recommended for all patients, especially those with risk factors for skin cancer. Advise patients to avoid sunlamps and minimize exposure to sunlight by wearing sun-protective clothing or using broad-spectrum sunscreen.

Prior to Anzupgo® treatment, complete all age-appropriate vaccinations as recommended by current immunization guidelines, including herpes zoster vaccinations. Avoid vaccination with live vaccines immediately prior to, during, and immediately after Anzupgo® treatment.

It is not known whether Anzupgo® may be associated with the observed or potential adverse reactions of JAK inhibition. In a large, randomized, post marketing safety trial of an oral JAK inhibitor in combination with methotrexate in rheumatoid arthritis (RA) patients 50 years of age and older with at least one cardiovascular risk factor, higher rates of all-cause mortality, including sudden cardiovascular death, major adverse cardiovascular events (MACE), overall thrombosis, deep venous thrombosis (DVT), pulmonary embolism (PE), and malignancies (excluding non-melanoma skin cancer) were observed in patients treated with the JAK inhibitor compared to those treated with TNF blockers. Anzupgo® is not indicated for use in RA.

Treatment with oral and topical JAK inhibitors has been associated with increases in lipid parameters including total cholesterol, low-density lipoprotein (LDL) cholesterol, and triglycerides.

Contraindications: There are no contraindications listed with this product.

Manufacturer: Leo Pharma, Inc.

Analysis: The efficacy of Anzupgo® was assessed in two randomized, double-blind, vehicle-controlled studies (TRIAL 1 and TRIAL 2) of 16 weeks duration that enrolled adults (N=960) with moderate to severe CHE who had a history of inadequate response to, or for whom topical corticosteroids were not advisable. All subjects who completed these two trials were eligible to enroll into a long-term extension study (TRIAL 3).

Across all treatment groups in TRIAL 1 and 2, the mean age of enrolled subjects was 44.1 years, with 8% of subjects being 65 years of age or older. In addition, 64% were female, 90% were White, and the primary classifications of CHE by subtype were atopic hand eczema (35.9%), hyperkeratotic eczema (21.5%), irritant contact dermatitis (19.6%), allergic contact dermatitis (13.9%), vesicular hand eczema (9.1%), and contact urticaria/protein contact dermatitis (0.1%). Across all treatment arms, 28% of subjects were diagnosed with two or more overlapping CHE subtypes.

Disease severity of enrolled subjects was defined using the Investigator's Global Assessment for chronic hand eczema (IGA-CHE) score and the Hand Eczema Symptom Diary (HESD) itch score (weekly average). The IGA-CHE is the investigator's overall assessment of chronic hand eczema at a given time point on a scale ranging from 0 (clear) to 4 (severe). The HESD itch score assesses disease severity of pruritus using a scale ranging from 0 (no symptoms) to 10 (severe symptoms). Subjects enrolled in these 3 trials had an IGA-CHE score of 3 or 4 (moderate or severe, respectively) and a HESD itch score (weekly average) of ≥4 points at baseline.

The HESD itch score is a weekly average of daily itch severity on an 11-point scale from 0-10 that assesses the maximal intensity of pruritus in the last 24 hours with 0 being no pruritus and 10 being the worst pruritus. The HESD pain score is a weekly average of daily pain severity on an 11-point scale from 0-10 that assesses the maximal intensity of pain in the last 24 hours with 0 being no pain and 10 being the worst pain. In these trials, 28% of subjects had a baseline IGA-CHE score of 4 (severe CHE). The mean baseline HESD itch and pain scores were 7.1 and 6.7, respectively.

In both trials, subjects applied either topical Anzupgo® or vehicle BID to affected areas on the hands and wrists for 16 weeks. The primary efficacy endpoint was the proportion of subjects who achieved IGA-CHE treatment success (IGA-CHE TS) at week 16, defined as a score of 0 (clear) or 1 (almost clear) with at least a 2-point improvement from baseline. Results are presented in the table below, which was adapted from the prescribing information.

	TRIAL 1		**TRIAL 2**	
	Anzupgo® (N=325)	**Vehicle (N=162)**	**Anzupgo® (N=313)**	**Vehicle (N=159)**
IGA-CHE TS, % responders	20% (64/325)	10% (16/162)	29% (91/313)	7% (11/159)
Difference from vehicle	10%		22%	
NNT *calculated by Optum Rx*	10		5	
HESD itch ≥4-point improvement, % responders	47% (152/323)	23% (37/161)	47% (146/309)	20% (31/156)
Difference from vehicle	24%		27%	
NNT *calculated by Optum Rx*	5		4	
HESD pain ≥4-point improvement, % responders	49% (143/291)	28% (41/149)	49% (143/294)	23% (32/141)
Difference from vehicle	22%		26%	
NNT *calculated by Optum Rx*	5		4	

Place in Therapy: 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. A limitation of use includes that use of Anzupgo® in combination with other JAK inhibitors or potent immunosuppressants is not recommended. Do not use more than 30grams per 2 weeks or 60 grams per month. Avoid use of Anzupgo® in patients with an active or serious infection, and closely monitor patients for the development of signs and symptoms of infection during and after Anzupgo® treatment. The efficacy of Anzupgo® was assessed in two randomized, double-blind, vehicle-controlled trials that included adults with moderate to severe CHE who had a history of inadequate response to, or for whom topical corticosteroids were not advisable. The primary efficacy endpoint was the proportion of subjects who achieved IGA-CHE treatment success at week 16. More in the Anzupgo® treatment group resulted in treatment success in both trials as compared with vehicle (NNT for TRIAL 1 = 10; NNT for TRIAL 2 = 5). Per the full text study by Bissonnette et al[2], significantly more in

the delgocitinib group achieved the primary endpoint as compared with vehicle (both trials p≤0.0055). Direct head-to-head studies with other active topical agents were not currently found.

Summary

There is no evidence to suggest that Anzupgo® is safer or more effective than other currently preferred, more cost-effective medications. It is therefore recommended that Anzupgo® remain non-preferred and require prior authorization and be available to those who are unable to tolerate or who have failed on preferred medications.

PDL Placement: ☐ **Preferred**
☒ **Non-Preferred with Conditions**

References

[1] Anzupgo [package insert]. Madison, NJ: Leo Pharma; 2025.
[2] Bissonnette R, Warren RB, Pinter A, et al. Efficacy and safety of delgocitinib cream in adults with moderate to severe chronic hand eczema (DELTA 1 and DELTA 2): results from multicenter, randomized, controlled, double-blind, phase 3 trials. *Lancet*. 2024; 404 (10451): 461-473.