



Anzupgo[®]

(delgocitinib) cream 2%

Access and Savings Programs Overview

Support that's focused on
your patient's needs



For more information, visit

Anzupgohcp.com/access-and-resources/access



Prescribe ANZUPGO® (delgocitinib) to an enhanced services pharmacy*

PARTICIPATING PHARMACY	PHONE	FAX	NCPDP ID	WEBSITE
Accredo Specialty†	1-866-839-2162	1-866-531-1025	4436920	accredo.com
Apotheco Pharmacy†	1-973-870-0540	1-973-870-0544	3153258	apothecopharmacy.com
Carepoint Pharmacy†	1-855-237-9112	1-855-237-9113	1487330	carepoint.pharmacy
CVS Specialty†	1-800-237-2767	1-800-323-2445	1466033	cvsspecialty.com
DFW Wellness Pharmacy†	1-817-459-8400	1-817-459-8402	5903491	dfwellnesspharmacy.com
Lumicera Specialty†	1-855-847-3553	1-855-847-3558	5133917	lumicera.com
Optum Specialty†	1-855-427-4682	1-877-342-4596	1564930	optum.com/en/pharmacy-services/specialty-pharmacy.html
Walgreens Specialty†	1-855-244-2555	1-877-235-9807	3974157	alliancerxwp.com

*For the most current and complete list, visit AnzupgoHCP.com/access-and-resources/resources.

†For Bridge Program, eligibility evaluation, prescription processing, and dispense are completed in partnership with the ANZUPGO® Let's GO™ Support Program and are subject to completion of additional documentation.

‡For Bridge Program, pharmacy can evaluate eligibility, process prescription, and dispense product to patient.

 **Enhanced services pharmacies can conduct a benefits investigation (BI) to determine your patient's coverage and evaluate eligibility for access and savings programs.**

Access and savings programs for your eligible patients



ANZUPGO® Bridge Program[§]

Commercially insured patients **may be eligible to receive a limited supply of ANZUPGO at no cost** if a coverage determination is pending.



ANZUPGO® Copay Program[§]



<https://portal.trialcard.com/leo/anzupgo/>

ANZUPGO® Copay Program

Eligible commercially insured patients

MAY PAY AS LITTLE AS

\$0 

per 30 g tube.*

Anzupgo®
(delgocitinib) cream 2%

BIN: 610852
PCN: 2001
GRP: 77770243
ID:

*Full Terms, Conditions, and Eligibility Criteria apply. For more information call 1-833-506-3445. ANZUPGO® is a registered trademark of LEO Pharma A/S. © 2025 LEO Pharma Inc. All rights reserved. MAT-85493 September 2025



Following the BI, your patient's prescription may be processed by the enhanced services pharmacy or referred to the ANZUPGO® Let's GO™ Support Program for prescription fulfillment.

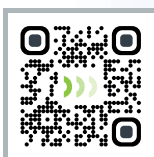

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Need hands-on support? Enroll your patient in the ANZUPGO® Let's GO™ Support Program

LEO Pharma is committed to helping ensure patients can access and continue therapy when prescribed ANZUPGO® (delgocitinib), including through support from ANZUPGO Let's GO.

Enroll Your Patient Online

Click or scan the QR code to complete the ANZUPGO Let's GO Support Program digital enrollment, including the prescription for ANZUPGO.



Anzupgohcp.com/access-and-resources/access

Patients directly enrolled into ANZUPGO Let's GO can also be evaluated for access and savings support from the ANZUPGO Bridge or Copay programs.



ANZUPGO® Patience Assistance Program

Eligible patients with demonstrated financial need and limited or no prescription coverage may receive ANZUPGO through the ANZUPGO Let's GO Support Program.*



Resources to help support *timely* access to ANZUPGO



FOR YOU AND YOUR OFFICE STAFF

RESOURCE	DESCRIPTION
Product Fact Sheet and Prescription Guide	Learn about ANZUPGO® (delgocitinib) and how to prescribe through one of the enhanced services pharmacies.
Enhanced Services Pharmacy List	Provides a list of enhanced services pharmacies that dispense ANZUPGO.
Sample Letter of Medical Exception and Medical Necessity	You may use this sample letter and modify as needed when submitting a letter of medical exception and medical necessity for ANZUPGO to your patient's health insurance plan.
Medical Exception and Medical Necessity Checklist	Refer to this checklist when preparing a letter of medical exception and medical necessity to your patient's health insurance plan.
Prior Authorization Checklist	Refer to this checklist when preparing a prior authorization submission to your patient's health insurance plan.
Sample Letter of Appeal	You may use this sample letter and modify as needed when your patient's health insurance plan has denied or limited coverage of ANZUPGO.
Sample Letter of Appeal (approval for additional tube)	You may use this sample letter and modify as needed when your patient's health insurance plan has denied coverage of an additional ANZUPGO tube.
Appeal Checklist	Refer to this checklist if a request for coverage of ANZUPGO is denied and an appeal is appropriate.
ANZUPGO® Let's GO™ Enrollment Form	Complete this form to get your patient started with the ANZUPGO Let's GO Support Program today.



FOR YOUR PATIENTS

RESOURCE	DESCRIPTION
ANZUPGO Patient Brochure	Share this brochure with your patients so they can learn about their treatment with ANZUPGO and the access and savings programs available.
ANZUPGO® Copay Program Brochure	Share this brochure with your eligible commercially insured patients to help them understand how the ANZUPGO Copay Program may help reduce their copay costs for ANZUPGO.
Copay Reimbursement Form	Your patients can complete and submit this form to request reimbursement for eligible copay payments made for ANZUPGO prescriptions.

Download Resources

Click or scan the QR code to view and download these resources.

[Anzupgohcp.com/access-and-resources/resources](https://anzupgohcp.com/access-and-resources/resources)

