

ANZUPGO® Copay Program

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.
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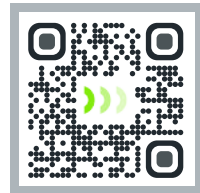
Not actual size.



Copay Enrollment^{†‡}

Click or scan the QR code to enroll and
download the ANZUPGO digital copay card.

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



[†]See full Terms, Conditions, and Eligibility Rules at Anzupgo.com/full-terms-conditions.

[‡]Pharmacists may also enroll patients in the ANZUPGO Copay Program.



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