



## Commercial PA Criteria

**Effective: June 28, 2024**

**Prior Authorization:** Spevigo (spesolimab-sbzo)

**Products Affected:** Spevigo (spesolimab-sbzo) subcutaneous injection

**Medication Description:** Spevigo is indicated for the treatment of generalized pustular psoriasis (GPP) in adults and pediatric patients 12 years of age and older and weighing at least 40 kg.

**Covered Uses:**

1. Generalized pustular psoriasis (GPP)

**Exclusion Criteria:**

1. Concomitant use with Another Biologic or Disease-Modifying Antirheumatic Drugs (DMARD) Prescribed for Treatment of Generalized Pustular Psoriasis
2. Plaque Psoriasis

**Required Medical Information:**

1. Medical History

**Prescriber Restriction:** The medication is prescribed by, or in consultation with, a dermatologist

**Age Restriction:** Patient is 12 years or older

**Coverage Duration:**

Initial: 6 months

Continuation: 12 months

**Other Criteria:**

**Initial Approval Criteria**

1. **Generalized Pustular Psoriasis.** Approve if the patient meets ONE of the following (A or B):
  - A. **Initial Therapy.** Approve if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
    - i. Patient is  $\geq$  12 years of age; **AND**
    - ii. Patient weighs  $\geq$  40 kilograms (kg); **AND**
    - iii. Patient has history of at least two generalized pustular psoriasis flares of moderate-to-severe intensity in the past; **AND**
    - iv. Patient has a Generalized Pustular Psoriasis Physician Global Assessment (GPPGA) total score of 0 or 1; **AND**
    - v. Patient meets ONE of the following (a or b):
      - a. Patient meets BOTH of the following ([1] and [2]):
        - (1) Patient has had a 4-month trial of least one treatment for generalized pustular psoriasis; **AND**

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*Note: Examples of treatment include methotrexate, acitretin, cyclosporine, or biologics.*

- (2) Patient has had a history of flaring while on treatment or with dose reduction or discontinuation of treatment; **OR**
  - b. Patient has tried at least one treatment for generalized pustular psoriasis but was unable to tolerate a 4-month trial; **AND**
    - vi. The medication is prescribed by or in consultation with a dermatologist.
- B. Patient is Currently Receiving Spevigo Subcutaneous. Approve if the patient meets BOTH of the following (i and ii):
  - i. Patient has been established on therapy for at least 6 months; **AND**

*Note: A patient who has received < 6 months of therapy or who is restarting therapy should be considered under criterion A (Initial Therapy).*
  - ii. Patient has experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating the requested drug) in at least one of the following: reduction of generalized pustular psoriasis flares or an improvement in Generalized Pustular Psoriasis Physician Global Assessment (GPPGA) score.

**References:**

- 1. Spevigo® intravenous infusion and subcutaneous injection [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; March 2024.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	06/28/2024

