Spevigo (spesolimab-sbzo) will be considered for coverage when the following criteria are met:

**Generalized Pustular Psoriasis**

For **initial** authorization:
1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a dermatologist; AND
3. Member has a diagnosis of Generalized Pustular Psoriasis (GPP);
4. Member has an acute flare of GPP of moderate to severe intensity, defined by **ALL** of the following:
   a. Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score of at least 3;
   b. Presence of fresh pustules (new appearance or worsening of pustules);
   c. GPPPGA pustulation sub score of at least 2; AND
   d. At least 5% of body surface area covered with erythema and the presence of pustules; AND
5. Member does **NOT** have any of the following:
   a. Pustulation restricted to psoriatic plaques;
   b. Active tuberculosis infection.
6. **Dosage allowed/Quantity limit:** Administer a single 900 mg (2 vials) dose by intravenous infusion over 90 minutes. If flare symptoms persist, administer an additional intravenous 900 mg dose one week after the initial dose. Quantity Limit: 4 vials per 365 days.

*If all the above requirements are met the medication will be approved for 3 weeks.*
CareSource considers Spevigo (spesolimab-sbzo) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/21/2022</td>
<td>New policy for Spevigo created.</td>
</tr>
</tbody>
</table>

References:


Effective date: 04/01/2023
Revised date: 09/21/2022