

**Spevigo®
infusion)**

(spesolimab-sbzo

intravenous



When requesting Spevigo® (spesolimab-sbzo intravenous infusion) the individual requiring treatment must be diagnosed with one of the following FDA-approved indications and meet the specific coverage guidelines.

FDA-approved indication

Spevigo is indicated for the treatment of generalized pustular psoriasis flares in adults.

Coverage Guidelines

Generalized pustular psoriasis flares

Initial Authorization:

The individual must meet all of the following criteria for authorization:

- Is ≥ 18 years of age; AND
- Is experiencing a flare of a moderate-to-severe intensity; AND
- Meets all of the following:
 - Has Generalized Pustular Psoriasis Physician Global Assessment (GPPGA) total score of ≥ 3 points; AND
Note: The Generalized Pustular Psoriasis Physician Global Assessment (GPPGA) total score ranges from 0 [clear skin] to 4 [severe disease].
 - Has a GPPGA pustulation subscore of ≥ 2 points; AND
 - Has new or worsening pustules; AND
 - Has erythema and pustules which affects $\geq 5\%$ of body surface area; AND
- Medication is prescribed by or in consultation with a dermatologist.

Re-Authorization:

- Is ≥ 18 years of age; AND
- Has not already received two doses of Spevigo for treatment of the current flare; AND
- If this is a new flare, at least 12 weeks have elapsed since the last dose of Spevigo; AND
- Spevigo is prescribed by or in consultation with a dermatologist.

Approval duration: (3 months)

Dosing Recommendations

Administer as a single 900 mg dose by intravenous infusion over 90 minutes. If flare symptoms persist, may administer an additional 900 mg dose intravenously one week after the initial dose.

References

1. Spevigo® intravenous infusion [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; September 2022.