

Spevigo® Intravenous (spesolimab-sbzo intravenous infusion)

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

FDA-approved indication

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

Coverage Guidelines

Generalized pustular psoriasis flares

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

- Is ≥ 12 years of age;
- Weighs ≥ 40 kg;
- Is experiencing a flare of a moderate-to-severe intensity;
- 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;
- Spevigo Intravenous is prescribed by or in consultation with a dermatologist.

The individual must meet **all** of the following criteria for reauthorization:

- Is ≥ 12 years of age;
- Weighs ≥ 40 kg;
- Is experiencing a flare of a moderate-to-severe intensity;
- Had an increase in Generalized Pustular Psoriasis Physician Global Assessment (GPPGA) total score of ≥ 2 points;
- Has a Generalized Pustular Psoriasis Physician Global Assessment (GPPGA) pustulation subscore of ≥ 2 points;
- Has not already received two doses of Spevigo Intravenous for treatment of the current flare;
- If this is a new flare, at least 12 weeks have elapsed since the last dose of Spevigo Intravenous;
- Spevigo Intravenous 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; March 2024.
2. Robinson A, Van Voorhees AS, Hsu S, et al. Treatment of pustular psoriasis: from the medical board of the National Psoriasis Foundation. *J Am Acad Dermatol.* 2012;67(2):279-288.