

<b>POLICY NAME</b>	Spevigo (spesolimab)	<b>POLICY #</b>	3180P
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## Criteria

### Coverage Criteria for Generalized Pustular Psoriasis (GPP) Flares (Spevigo intravenous formulation)

- ☐ Diagnosis of generalized pustular psoriasis (GPP)
- ☐ Patient is currently experiencing a GPP flare of moderate to severe intensity as defined by the following:
  - Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score 2-3 (moderate to severe)
  - GPPPGA pustulation subscore  $\geq 2$  (mild to severe)
  - Presence of fresh pustules (new appearance or worsening of pustules)
  - $\geq 5\%$  body surface area covered with erythema or pustules
- ☐ Age 12 years or older and weighing at least 40kg
- ☐ Prescribed by or in consultation with a dermatologist (skin doctor)
- ☐ In patients with non-disabling disease; previous trial and failure, contraindication or intolerance to one systemic therapy (such as cyclosporine, methotrexate, acitretin, isotretinoin, systemic glucocorticoid or mycophenolate)

### Coverage Criteria for Generalized Pustular Psoriasis (GPP) (Spevigo subcutaneous formulation)

- ☐ Diagnosis of generalized pustular psoriasis (GPP) as defined by both of the following:
  - Primary, sterile, macroscopically visible pustules on non-acral skin (excluding cases where pustulation is restricted to psoriatic plaques)
  - Disease is relapsing ( $>1$  episode) or persistent ( $>3$  months)
- ☐ Subcutaneous formulation will not be used to treat GPP flare
- ☐ Age 12 years or older and weighing at least 40kg
- ☐ Prescribed by or in consultation with a dermatologist (skin doctor)

### Exclusion Criteria – Any of the following prevents coverage

- ☐ Concomitant use with any other immunomodulator biologics for psoriasis

☐ Patient is experiencing life-threatening flare or intensive care

☐ Patient with active tuberculosis or other clinically significant active infection