

POLICY NAME	Spevigo (spesolimab)	POLICY #	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 ≥ 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