

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Spesolimab-sbzo Subcutaneous (Spevigo Subcutaneous)

Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as the following:
 - Systemic non-biologics– 6 weeks
 - Biologics – 12 weeks
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:

Non-formulary **spesolimab-sbzo subcutaneous (Spevigo Subcutaneous)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a diagnosis of generalized pustular psoriasis (GPP)
- Prescriber is a dermatologist
- Patient is at least 12 years of age and weighs at least 40 kilograms
- Patient has experienced 2 or more GPP flares previously
- Patient has a Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score of 0 or 1
- Patient has failed an adequate trial[^], or patient has an allergy or intolerance* to, at least 1 of the following (or contraindication to all):
 - Methotrexate
 - Acitretin
 - Cyclosporine
- Patient has failed an adequate trial[^], or patient has an allergy or intolerance* to 2 of the following:
 - Infliximab product
 - Adalimumab product (criteria based)
 - Secukinumab (criteria based)
- Patient is not currently prescribed any other biologic used for GPP

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **spesolimab-sbzo subcutaneous (Spevigo Subcutaneous)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a diagnosis of generalized pustular psoriasis (GPP)
- Prescriber is a dermatologist
- Patient has a Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score of 0 or 1

kp.org

Revised: 07/11/24
Effective: 09/19/24

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Spesolimab-sbzo Subcutaneous (Spevigo Subcutaneous)

- Patient has tried and failed, or patient has an allergy or intolerance* to, at least 1 of the following (or contraindication to all):
 - Methotrexate
 - Acitretin
 - Cyclosporine
- Patient has tried and failed, or patient has an allergy or intolerance* to, 2 of the following:
 - Infliximab product
 - Adalimumab product (criteria based)
 - Secukinumab (criteria based)
- Patient is not currently prescribed any other biologic used for GPP

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary **spesolimab-sbzo subcutaneous (Spevigo Subcutaneous)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a dermatologist
- Patient is responding to treatment as determined by prescriber