

MedImpact

**STANDARD DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES**

SPESOLIMAB-SBZO

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
SPESOLIMAB-SBZO	SPEVIGO	48270		GPI-10 (9025057770)	

GUIDELINES FOR USE

- Is the request for treatment of a generalized pustular psoriasis (GPP) flare and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Therapy is prescribed by or in consultation with a dermatologist
 - The patient has sterile, macroscopically visible pustules on non-acral skin
 - The patient has not received more than one dose in the previous 30 days and that dose was not within the last 7 days

If yes, **approve for 1 month by HICL or GPI-10 with a quantity limit of #15mL for 1 fill count.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **SPESOLIMAB-SBZO (Spevigo)** requires the following rule(s) be met for approval:

- The request is for treatment of a generalized pustular psoriasis (GPP: a type of skin condition) flare
- You are 18 years of age or older
- Therapy is prescribed by or in consultation with a dermatologist (a type of skin doctor)
- You have sterile, macroscopically visible pustules (blisters with non-infectious pus that can be seen with the naked eye) on non-acral skin (skin in areas of the body such as arms and legs)
- You have not received more than one dose in the previous 30 days and that dose was not within the last 7 days

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE

MedImpact

STANDARD DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

SPESOLIMAB-SBZO

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Spevigo.

REFERENCES

- Spevigo [Prescribing Information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc., September 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 09/16/22

Created: 09/22

Client Approval: [PASS team fills this out]

P&T Approval: 07/22