

Field Name	Field Description
Prior Authorization Group Description	Generalized Pustular Psoriasis (GPP) Agents
Drugs	Spevigo (spesolimab-abzo)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See “Other Criteria”
Age Restrictions	≥ 18 years
Prescriber Restrictions	Prescribed by or in consultation with a dermatologist or geneticist
Coverage Duration	If all of the criteria are met, the request will be approved for up to 2 doses. If the conditions are not met, the request will be sent to a Medical Director/clinical reviewer for medical necessity review.
Other Criteria	<ul style="list-style-type: none"> • Diagnosis of generalized pustular psoriasis (GPP) • Member is experiencing an acute flare of GPP of moderate to severe intensity as defined by the patient having all of the following: <ul style="list-style-type: none"> ○ Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score of 3 or greater ○ Presence of fresh pustules (new appearance or worsening of pustules) ○ GPPPGA pustulation sub score of 2 or greater ○ At least 5% of body surface area covered with erythema and the presence of pustules • If member has previously received Spevigo treatment for a prior GPP flare, member must have achieved a clinical response, defined as achieving a GPPPGA score of 0 or 1, to previous treatment but is now experiencing a new flare • Medication is prescribed at an FDA approved dose <p>Date: 1/2023</p> <p>If all of the above criteria are not met, the request is referred to a Medical Director/Clinical Reviewer for medical necessity review.</p>