

## PHARMACY POLICY STATEMENT

### Marketplace

DRUG NAME	Spevigo ( spesolimab -sbzo )
BILLING CODE	J3590
BENEFIT TYPE	Medical

For reauthorization :  
Medication will not be authorized for continuous use.

CareSource considers Spevigo (spesolimab -sbzo ) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off- Label policy.

DATE	ACTION/DESCRIPTION
09/21/2022	New policy for Spevigo created.

References:

1. Spevigo [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; September 2022.
2. Bachelez H, Choon SE, Marrakchi S, et al; for the Effisayil 1 Trial Investigators. Trial of spesolimab for generalized pustular psoriasis. *N Engl J Med.* 2021;385(26):2431-2440.
3. Navarini AA, Burden AD, Capon F, et al. European consensus statement on phenotypes of pustular psoriasis. *J Eur Acad Dermatol Venereol* 2017;31:1792-9.
4. Hoegler KM, John AM, Handler MZ, Schwartz RA. Generalized pustular psoriasis: a review and update on treatment. *J Eur Acad Dermatol Venereol.* 2018 Oct;32(10):1645-1651.

Effective date: 04/01/2023

Revised date: 09/21/2022