

**Spevigo (spesolimab-sbzo)**  
**Effective 04/01/2023**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy when obtained through the pharmacy benefit.		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Spevigo® (spesolimab-sbzo) is an interleukin-36 receptor antagonist indicated for the treatment of generalized pustular psoriasis (GPP) flares in adults.

### Coverage Guidelines

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Diagnosis of Generalized Pustular Psoriasis (GPP) flare
2. Member is ≥18 years of age
3. Appropriate dosing

### Limitations

1. Approvals will be granted for up to 2 doses (given at least a week apart)

### References

1. Spevigo® [package insert]. Ridgefield (CT): Boehringer Ingelheim Pharmaceuticals, Inc.; 2022 Jun.
2. FDA Approves Spevigo for Treatment of Generalized Pustular Psoriasis Flares in Adults [press release on the internet]. PharmacyTimes; 2022 Sep 12 [cited 2022 Sep 17]. Available from: <https://www.pharmacytimes.com/view/fda-approves-spevigo-for-treatment-of-generalized-pustular-psoriasis-flares-in-adults>.

### Review History

Reviewed and created for P&T. Matched MH UPPL criteria to be in compliance with Masshealth unified formulary requirements. Effective 4/1/23.