ATRIO HEALTH PLANS

Part B Prior Authorization Step Therapy Guidelines

Pustular Psoriasis

Spevigo (spesolimab-sbzo) J1747

Prior Authorization Request

Medicare Part B Step Therapy Form

*Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

☐	Date Requested _____
	Requestor _____ Clinic name: _____ Phone / Fax

MEMBER INFORMATION

*Name:_____ *ID#:_____ *DOB:_____

PRESCRIBER INFORMATION

*Name:_____ ☐MD ☐FNP ☐DO ☐NP ☐PA *Phone:_____

*Address:_____ *Fax:_____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name:_____ Phone:_____

*Address:_____ Fax:_____

PROCEDURE / PRODUCT INFORMATION

HCPC Code	Name of Drug ☐ Self-administered	Dose (Wt: _____ kg Ht:_____)	Frequency	End Date if known

☐Chart notes attached. **Other important information:**_____

Diagnosis: ICD10: _____ **Description**: _____

☐ Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

☐ New Start or Initial Request: (Clinical documentation required for all requests)

☐ **Provider has reviewed the attached "Criteria for Approval" and attests the member meets ALL required PA criteria.**

If not, please provide **clinical rationale** for formulary exception: _____

_____

☐ Continuation Requests: (Clinical documentation required for all requests)

☐ **Provider has reviewed the attached "Criteria for Continuation" and attests the member meets ALL required PA Continuation criteria.**

☐ Patient had an adequate response or significant improvement while on this medication.

If not, please provide clinical rationale for continuing this medication: _____

_____

ACKNOWLEDGEMENT

Request By (Signature Required): _____Date:_____ /____ /____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

Prior Authorization Group – Pustular Psoriasis PA

Drug Name(s):

SPEVIGO **SPESOLIMAB-SBZO**

Criteria for approval of Non-Formulary/Preferred Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. **Drug meets the following utilization management criteria:**
    a. Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatmen t. Diagnosis of generalized pustular psoriasis has been confirmed by the following:
    (1) skin biopsy;
    (2) systemic symptoms such as fever and fatigue; and (3) relapsing episodes.
    b. Must first try and fail (defined as an inability to improve flare) one traditional non-biologic immunomodulator drug or a generic retinoid (ex: cyclosporine, acitretin, isotretinoin) – AND – must try and fail a biologic DMARD (ex: infliximab)
    c. Must not be used in combination with other biological drugs or Otezla. No more than 2 infusions are covered.Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.

- If the member meets all these criteria, they may be approved by the Plan for the requested drug.
- Quantity limits and Tiering will be determined by the Plan.
- Continuation Requests: Provider must verify continued clinical benefit in confirmatory trial(s).

Exclusion Criteria:

N/A

Prescriber Restrictions:

N/A

Coverage Duration:

Approval will be for 6 months

FDA Indications:

Spevigo

- Generalized pustular psoriasis, Flares

Off-Label Uses:

N/A

Age Restrictions:

The safety and effectiveness has not been established in pediatric patients.

Other Clinical Consideration:

N/A

Resources:

https://www.micromedexsolutions.com/micromedex2/librarian/CS/56783A/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/D5B6B5/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=spevigo&UserSearchTerm=spevigo&SearchFilter=filterNone&navitem=searchGlobal#

https://emedicine.medscape.com/article/1108220-treatment