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HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use SPEVIGO safely and effectively. See full prescribing information for SPEVIGO.

SPEVIGO® (spesolimab-sbzo) injection, for intravenous use
Initial U.S. Approval: 2022

----------INDICATIONS AND USAGE----------
SPEVIGO is an interleukin-36 receptor antagonist indicated for the treatment of generalized pustular psoriasis flares in adults. (1)

----------DOSAGE AND ADMINISTRATION----------
- Administer as a single 900 mg dose by intravenous infusion over 90 minutes. If flare symptoms persist, may administer an additional intravenous 900 mg dose one week after the initial dose. (2.1)
- Must be diluted before use. See full prescribing information for preparation and administration instructions and storage of the diluted solution. (2.2)

----------DOSAGE FORMS AND STRENGTHS----------
Injection: 450 mg/7.5 mL (60 mg/mL) solution in a single-dose vial (3)

----------CONTRAINDICATIONS----------
Severe or life-threatening hypersensitivity to spesolimab-sbzo or to any of the excipients in SPEVIGO (4)

----------WARNINGS AND PRECAUTIONS----------
- Infections: SPEVIGO may increase the risk of infections. Do not initiate SPEVIGO during any clinically important active infection. Instruct patients to seek medical advice if signs or symptoms of clinically important infection occur after treatment with SPEVIGO. (5.1)
- Tuberculosis (TB): Evaluate patients for TB prior to initiating treatment with SPEVIGO. (5.2)
- Hypersensitivity and Infusion-Related Reactions: Hypersensitivity including drug reaction with eosinophilia and systemic symptoms (DRESS) and infusion-related reactions may occur. If a serious hypersensitivity reaction occurs, discontinue SPEVIGO immediately and initiate appropriate treatment. (5.3)
- Vaccinations: Do not administer live vaccines concurrently with SPEVIGO. (5.4)

----------ADVERSE REACTIONS----------
Most common adverse reactions (≥5%) are asthenia and fatigue, nausea and vomiting, headache, pruritus and prurigo, infusion site hematoma and bruising, and urinary tract infection. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Boehringer Ingelheim Pharmaceuticals, Inc. at (800) 542-6257 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch*.

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 09/2022

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE
2 DOSAGE AND ADMINISTRATION
2.1 Recommended Dose
2.2 Preparation and Administration Instructions
2.3 Testing and Procedures Prior to Treatment Initiation
3 DOSAGE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
5 WARNINGS AND PRECAUTIONS
5.1 Infections
5.2 Risk of Tuberculosis
5.3 Hypersensitivity and Infusion-Related Reactions
5.4 Vaccinations
6 ADVERSE REACTIONS
6.1 Clinical Trials Experience
8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
8.2 Lactation
8.4 Pediatric Use
8.5 Geriatric Use
11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
12.2 Pharmacodynamics
12.3 Pharmacokinetics
12.6 Immunogenicity
13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
14 CLINICAL STUDIES
16 HOW SUPPLIED/STORAGE AND HANDLING
17 PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed.

Reference ID: 5039554

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

SPEVIGO is indicated for the treatment of generalized pustular psoriasis (GPP) flares in adults.

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dose

Administer SPEVIGO as a single 900 mg dose by intravenous infusion over 90 minutes.

If GPP flare symptoms persist, an additional intravenous 900 mg dose (over 90 minutes) may be administered one week after the initial dose.

2.2 Preparation and Administration Instructions

SPEVIGO must be diluted before use.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permits. SPEVIGO is a colorless to slightly brownish-yellow, clear to slightly opalescent solution. Discard the vial if the solution is cloudy, discolored, or contains large or colored particulates.

Preparation

- Use aseptic technique to prepare the solution for infusion.
- Draw and discard 15 mL from a 100 mL container of sterile 0.9% Sodium Chloride Injection.
- Slowly replace with 15 mL of SPEVIGO (complete content from two vials of 450 mg/7.5 mL).
- Mix gently before use.
- Use the diluted SPEVIGO solution immediately.

Administration

- Do not mix SPEVIGO with other medicinal products.
- Administer SPEVIGO as a continuous intravenous infusion through an intravenous line containing a sterile, non-pyrogenic, low protein binding in-line filter (pore size of 0.2 micron) over 90 minutes.
- If the infusion is slowed or temporarily stopped, the total infusion time (including stop time) should not exceed 180 minutes *[see Warnings and Precautions (5.3)]*.
- A pre-existing intravenous line may be used for administration of SPEVIGO. The line must be flushed with sterile 0.9% Sodium Chloride Injection prior to and at the end of infusion. No other infusion should be administered in parallel via the same intravenous access.
- No incompatibilities have been observed between SPEVIGO and infusion sets composed of polyvinylchloride (PVC), polyethylene (PE), polypropylene (PP), polybutadiene and polyurethane (PUR), and in-line filter membranes composed of polyethersulfone (PES, neutral and positively charged) and positively charged polyamide (PA).

Storage of Diluted Solution

If not administered immediately, refrigerate the diluted solution at 2°C to 8°C (36°F to 46°F) for no more than 4 hours. Protect from light.

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2.3 Testing and Procedures Prior to Treatment Initiation

Evaluate patients for tuberculosis (TB) infection. SPEVIGO initiation is not recommended in patients with active TB infection. Consider initiating treatment of latent TB prior to initiation of SPEVIGO *[see Warnings and Precautions (5.2)]*.

3 DOSAGE FORMS AND STRENGTHS

SPEVIGO is a sterile, preservative-free, colorless to slightly brownish-yellow, clear to slightly opalescent solution.

Injection: 450 mg/7.5 mL (60 mg/mL) solution in a single-dose vial

4 CONTRAINDICATIONS

SPEVIGO is contraindicated in patients with severe or life-threatening hypersensitivity to spesolimab-sbzo or to any of the excipients in SPEVIGO. Reactions have included drug reaction with eosinophilia and systemic symptoms (DRESS) *[see Warnings and Precautions (5.3) and Adverse Reactions (6.1)]*.

5 WARNINGS AND PRECAUTIONS

5.1 Infections

SPEVIGO may increase the risk of infections. During the one-week placebo-controlled period in the Effisayil-1 trial, infections were reported in 14% of subjects treated with SPEVIGO compared with 6% of subjects treated with placebo *[see Adverse Reactions (6.1)]*.

In patients with a chronic infection or a history of recurrent infection, consider the potential risks and expected clinical benefits of treatment prior to prescribing SPEVIGO. Treatment with SPEVIGO is not recommended for use in patients with any clinically important active infection until the infection resolves or is adequately treated. Instruct patients to seek medical advice if signs or symptoms of clinically important infection occur after treatment with SPEVIGO.

5.2 Risk of Tuberculosis

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with SPEVIGO. Do not administer SPEVIGO to patients with active TB infection.

Consider initiating anti-TB therapy prior to initiating SPEVIGO in patients with latent TB or a history of TB in whom an adequate course of treatment cannot be confirmed. Monitor patients for signs and symptoms of active TB during and after SPEVIGO treatment.

5.3 Hypersensitivity and Infusion-Related Reactions

SPEVIGO-associated hypersensitivity reactions may include immediate reactions such as anaphylaxis and delayed reactions such as drug reaction with eosinophilia and systemic symptoms (DRESS).

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) has been reported in clinical trials with spesolimab-sbzo in subjects with GPP *[see Adverse Reactions (6.1)]*.

If a patient develops signs of anaphylaxis or other serious hypersensitivity, discontinue SPEVIGO immediately and initiate appropriate treatment *[see Contraindications (4)]*.

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If a patient develops mild or moderate infusion-related reactions, stop SPEVIGO infusion and consider appropriate medical therapy (e.g., systemic antihistamines and/or corticosteroids). Upon resolution of the reaction, the infusion may be restarted at a slower infusion rate with gradual increase to complete the infusion.

5.4 Vaccinations

Avoid use of live vaccines in patients treated with SPEVIGO. No specific studies have been conducted in SPEVIGO-treated patients who have recently received live viral or live bacterial vaccines.

6 ADVERSE REACTIONS

The following adverse reactions are discussed in greater detail in other sections of the labeling:

- Infections *[see Warnings and Precautions (5.1)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

SPEVIGO was studied in Study Effisayil-1, a randomized, double-blind, placebo-controlled trial comparing a single intravenous 900 mg dose of SPEVIGO (n=35) with placebo (n=18) in subjects with generalized pustular psoriasis flare. Subjects in either treatment group who continued to experience flare symptoms at Week 1 were eligible to receive a single open-label intravenous dose of 900 mg of SPEVIGO (second dose and first dose for subjects in the SPEVIGO and placebo groups, respectively). At Week 1, 12 (34%) subjects and 15 subjects (83%) in the SPEVIGO and placebo groups, respectively, received open-label SPEVIGO. After Week 1 to Week 12, subjects in either treatment group whose GPP flare reoccurred after achieving a clinical response were eligible to receive a single open-label rescue intravenous dose of 900 mg of SPEVIGO, with a maximum of 3 total doses of SPEVIGO throughout the study. Six subjects received a single open-label rescue dose of SPEVIGO. Thirty-six subjects received 1 dose of SPEVIGO, 13 subjects received 2 doses of SPEVIGO, and 2 subjects received 3 doses of SPEVIGO throughout the study *[see Clinical Studies (14)]*.

Subjects ranged in age from 21 to 69 years (mean age of 43 years); 45% were White and 55% were Asian; and 68% were female.

Table 1 summarizes selected adverse reactions that occurred at a rate of at least 1% and at a higher rate in the SPEVIGO group than in the placebo group through Week 1.

Table 1 Selected Adverse Reactions Occurring in ≥1% of the SPEVIGO Group and More Frequently than in the Placebo Group through Week 1 (Study Effisayil-1)

Adverse Reaction	SPEVIGO N = 35 n (%)	Placebo N = 18 n (%)
Asthenia and Fatigue	3 (9)	0
Nausea and Vomiting	3 (9)	1 (6)
Headache	3 (9)	1 (6)
Pruritus and prurigo	2 (6)	0
Infusion site hematoma and bruising	2 (6)	0
Urinary tract infection	2 (6)	0
Bacteremia	1 (3)	0
Bacteriuria	1 (3)	0
Cellulitis	1 (3)	0
Herpes dermatitis and oral herpes	1 (3)	0

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Upper respiratory tract infection	1 (3)	0
Dyspnea	1 (3)	0
Eye edema	1 (3)	0
Urticaria	1 (3)	0

Specific Adverse Reactions

Infections

The most frequent adverse reactions that occurred in subjects treated with SPEVIGO were infections. During the 1-week placebo-controlled period in Study Effisayil-1, infections were reported in 14% of subjects treated with SPEVIGO compared with 6% of subjects treated with placebo. Serious infection (urinary tract infection) was reported in 1 subject (3%) treated with SPEVIGO and no subjects treated with placebo. Infections observed through Week 1 in Study Effisayil-1 in subjects treated with SPEVIGO were mild (29%) to moderate (71%).

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)

Two cases of DRESS were reported in Study Effisayil-1 in subjects with GPP who were treated with spesolimab-sbzo. RegiSCAR DRESS validation scoring (with the following categories: “no”, “possible”, “probable”, or “definite” DRESS) was applied to the reported cases. Reported cases were assessed as “no DRESS” and “possible DRESS”.

Safety through Week 12 and 17

In Study Effisayil-1, additional adverse reactions that occurred through Week 12 in subjects treated with 1 single dose of randomized SPEVIGO were mild to moderate infections: device-related infection (3%), subcutaneous abscess (3%), furuncle (3%), and influenza (3%).

Additional adverse reactions that occurred through Week 17 in subjects treated with a single dose of open-label SPEVIGO at Week 1 (second dose and first dose for subjects in the SPEVIGO and placebo groups, respectively) were mild to moderate infections: otitis externa (7%), vulvovaginal candidiasis (4%), vulvovaginal mycotic infection (4%), and latent tuberculosis (4%), diarrhea (11%), and gastritis (4%). No new adverse reactions were identified for up to 16 weeks in subjects treated with a single dose of open-label rescue SPEVIGO from Week 1 to Week 12 (range 1-3 total doses).

Clinical Development

Guillain-Barre syndrome

Among approximately 750 subjects exposed to spesolimab-sbzo during clinical development, Guillain-Barre syndrome (GBS) was reported in 3 subjects who received various doses of spesolimab-sbzo via various methods of administration in clinical trials for unapproved indications.

Injection Site Reactions

During clinical development, injection site reactions (including injection site erythema, injection site swelling, injection site pain, injection site induration, and injection site warmth) occurred with spesolimab-sbzo.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

The limited data on the use of SPEVIGO in pregnant women are insufficient to inform a drug-associated risk of adverse pregnancy-related outcomes. Human IgG is known to cross the placental barrier; therefore, SPEVIGO may be transmitted from the mother to the developing fetus. In an animal reproduction study, intravenous administration of a surrogate antibody against IL36R in mice during the period of organogenesis did not elicit any reproductive toxicity *(see Data)*.

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All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

Embryo-fetal development and pre- and postnatal development toxicity studies were performed in mice using a surrogate mouse specific IL36R antagonist monoclonal antibody. In the embryo-fetal development study, the surrogate was administered intravenously at doses up to 50 mg/kg to pregnant female mice twice weekly during the period of organogenesis. The surrogate was not associated with embryo-fetal lethality or fetal malformations. In the pre- and postnatal development toxicity study, the surrogate was administered intravenously at doses up to 50 mg/kg to pregnant female mice twice weekly from gestation day 6 through lactation day 18. There were no maternal effects observed. There were no treatment-related effects observed on postnatal developmental, neurobehavioral, or reproductive performance of offspring.

8.2 Lactation

Risk Summary

There are no data on the presence of spesolimab-sbzo in human milk, the effects on the breastfed infant, or the effects on milk production. Spesolimab-sbzo is a monoclonal antibody and is expected to be present in human milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for SPEVIGO and any potential adverse effects on the breastfed infant from SPEVIGO or from the underlying maternal condition.

8.4 Pediatric Use

The safety and effectiveness of SPEVIGO in pediatric patients have not been established.

8.5 Geriatric Use

In Study Effisayil-1, 2 (6%) of SPEVIGO-treated subjects were 65 to 74 years of age and no subjects were 75 years of age or older. Clinical studies of SPEVIGO did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger adult subjects.

11 DESCRIPTION

Spesolimab-sbzo, an interleukin-36 receptor antagonist, is a humanized monoclonal IgG1 antibody (mAb) against human IL-36R produced in Chinese hamster ovary (CHO) cells by recombinant DNA technology. Spesolimab-sbzo has a molecular weight of approximately 146 kDa.

SPEVIGO (spesolimab-sbzo) injection is a sterile, preservative-free, colorless to slightly brownish-yellow, clear to slightly opalescent solution supplied in a single-dose vial for intravenous infusion. Each 7.5 mL vial contains 450 mg spesolimab-sbzo, arginine hydrochloride (39.5 mg), glacial acetic acid (2.4 mg), polysorbate 20 (3.0 mg), sodium acetate (24.5 mg), sucrose (386 mg), and Water for Injection, USP with a pH of 5.0-6.0.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Spesolimab-sbzo is a humanized monoclonal immunoglobulin G1 antibody that inhibits interleukin-36 (IL-36) signaling by specifically binding to the IL36R. Binding of spesolimab-sbzo to IL36R prevents the subsequent activation of IL36R by cognate ligands (IL-36 α, β and γ) and downstream activation of pro-inflammatory and pro-fibrotic pathways. The precise mechanism linking reduced IL36R activity and the treatment of flares of GPP is unclear.

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12.2 Pharmacodynamics

The pharmacodynamics of SPEVIGO in the treatment of patients with GPP have not been fully characterized.

12.3 Pharmacokinetics

A population pharmacokinetic model was developed based on data collected from healthy subjects, patients with GPP, and patients with other diseases. After a single intravenous dose of 900 mg of SPEVIGO, the population PK model-estimated $AUC_{0-\infty}$ (95% CI) and C_{max} (95% CI) in a typical anti-drug antibody (ADA)-negative patient with GPP were 4750 (4510, 4970) mcg·day/mL and 238 (218, 256) mcg/mL, respectively.

Spesolimab-sbzo AUC increased dose-proportionally from 0.3 to 20 mg/kg, and CL and terminal half-life were independent of dose.

Distribution

Based on the population pharmacokinetic analysis, the typical total volume of distribution at steady state was 6.4 L.

Elimination

Metabolism

The metabolic pathway of spesolimab-sbzo has not been characterized. As a humanized IgG1 monoclonal antibody, spesolimab-sbzo is expected to be degraded into small peptides and amino acids via catabolic pathways in a manner similar to endogenous IgG.

Excretion

In the linear dose range (0.3 to 20 mg/kg), based on the population PK model, spesolimab-sbzo clearance (95% CI) in a typical GPP patient without ADA, weighing 70 kg was 0.184 (0.175, 0.194) L/day. The terminal half-life was 25.5 (24.4, 26.3) days.

Specific Populations

Age, Gender, and Race

Based on population pharmacokinetic analyses, age, gender, and race did not have an effect on the pharmacokinetics of spesolimab-sbzo.

Hepatic and Renal Impairment

As a monoclonal antibody, spesolimab-sbzo is not expected to undergo hepatic or renal elimination. No formal study of the effect of hepatic or renal impairment on the pharmacokinetics of spesolimab-sbzo was conducted.

Body Weight

Spesolimab-sbzo concentrations were lower in subjects with higher body weight. The clinical impact of body weight on spesolimab-sbzo plasma concentrations is unknown.

Drug Interaction Studies

No formal drug interactions studies have been conducted with spesolimab-sbzo.

12.6 Immunogenicity

The observed incidence of anti-drug antibodies is highly dependent on the sensitivity and specificity of the assay. Differences in assay methods preclude meaningful comparisons of the incidence of anti-drug antibodies in the studies described below with the incidence of anti-drug antibodies in other studies, including those of spesolimab-sbzo or of other spesolimab products.

Reference ID: 5039554

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In subjects with GPP treated with SPEVIGO in Effisayil-1, ADAs formed with a median onset of 2.3 weeks. Following administration of 900 mg intravenous SPEVIGO, (12/50) 24% of subjects had a maximum ADA titer greater than 4000 and were neutralizing antibody-positive by the end of the trial (Weeks 12 to 17). Females appeared to have higher immunogenicity response; the percentage of subjects with ADA titer greater than 4000 was 30% in females, and 12% in males, respectively.

Anti-Drug Antibody Effects on Pharmacokinetics
In subjects with ADA titers below 4000, there was no apparent impact on spesolimab-sbzo pharmacokinetics. In most subjects with ADA titer values greater than 4000, plasma spesolimab-sbzo concentrations were significantly reduced after reaching this ADA titer.

There are limited data on the impact of ADAs on safety and efficacy upon retreatment as the majority of subjects did not experience a subsequent, new flare in an open-label extension trial.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenicity and mutagenicity studies have not been conducted with spesolimab-sbzo.

No adverse effects on fertility were observed in male or female mice that were intravenously administered a surrogate antibody to IL36R at doses up to 50 mg/kg twice weekly.

14 CLINICAL STUDIES

A randomized, double-blind, placebo-controlled study (Study Effisayil-1) [NCT03782792] was conducted to evaluate the clinical efficacy and safety of SPEVIGO in adult subjects with flares of generalized pustular psoriasis (GPP). Subjects were randomized if they had a flare of GPP of moderate-to-severe intensity, as defined by:

- A Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score of at least 3 (moderate) [the total GPPPGA score ranges from 0 (clear) to 4 (severe)],
- The presence of fresh pustules (new appearance or worsening of pustules),
- GPPPGA pustulation sub score of at least 2 (mild), and
- At least 5% of body surface area covered with erythema and the presence of pustules.

Subjects were required to discontinue systemic and topical therapy for GPP prior to receiving study drug.

A total of 53 subjects were randomized (2:1) to receive a single intravenous dose of 900 mg SPEVIGO (N=35) or placebo (N=18) (administered over 90 minutes) during the double-blind portion of the study.

The study population consisted of 32% men and 68% women. The mean age was 43 years (range: 21 to 69 years); 55% of subjects were Asian and 45% were White. Most subjects included in the study had a GPPPGA pustulation sub score of 3 (43%) or 4 (36%), and subjects had a GPPPGA total score of 3 (81%) or 4 (19%). In this study, 25% of subjects had been previously treated with biologic therapy for GPP. At baseline acute flare, of the subjects with white blood cell count (WBC) assessments, 45% and 31% of subjects in the SPEVIGO and placebo groups, respectively, had (WBC) >12 x 10^9/L. Seventeen percent and 11% of subjects in the SPEVIGO and placebo groups, respectively, had temperature >38° Celsius. Of the subjects with WBC assessments, 12% and 6% of subjects in the SPEVIGO and placebo groups, respectively, had both WBC >12 x 10^9/L and temperature >38° Celsius *[see Adverse Reactions (6.1)]*.

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The primary endpoint of the study was the proportion of subjects with a GPPPGA pustulation sub score of 0 (indicating no visible pustules) at Week 1 after treatment. The results of the primary endpoint are presented in Table 2.

Table 2 GPPPGA Pustulation Sub Score at Week 1 in Study Effisayil-1

	SPEVIGO (N=35)	**Placebo (N=18)**
Subjects achieving a GPPPGA pustulation sub score of 0, n (%)	19 (54)	1 (6)
Risk difference versus placebo, % (95% CI)	49 (21, 67)	

GPPPGA = Generalized Pustular Psoriasis Physician Global Assessment

In Study Effisayil-1, subjects in either treatment group who continued to experience flare symptoms at Week 1 were eligible to receive a single open-label intravenous dose of 900 mg of SPEVIGO (second dose and first dose for subjects in the SPEVIGO and placebo groups, respectively). At Week 1, 12 (34%) subjects and 15 subjects (83%) in the SPEVIGO and placebo groups, respectively, received open-label SPEVIGO. In subjects who were randomized to SPEVIGO and received an open-label dose of SPEVIGO at Week 1, 5 (42%) subjects had a GPPPGA pustulation sub score of 0 at Week 2 (one week after their second dose of SPEVIGO).

This study did not include sufficient numbers of subjects to determine if there are differences in response according to biological sex, age, race, baseline GPPPGA pustulation sub score, and baseline GPPPGA total score.

16 HOW SUPPLIED/STORAGE AND HANDLING

SPEVIGO is a sterile, preservative-free, colorless to slightly brownish-yellow, clear to slightly opalescent solution for intravenous infusion.

NDC Number 0597-0035-10: Each carton contains two single-dose 450 mg/7.5 mL (60 mg/mL) glass vials.

Storage

Must be refrigerated, store at 2°C to 8°C (36°F to 46°F) in original carton to protect from light. Do not freeze.

Prior to use, may store unopened SPEVIGO vials at room temperature, 20°C to 25°C (68°F to 77°F), for up to 24 hours in the original carton to protect from light.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Infections

Inform patients that SPEVIGO may lower the ability of their immune system to fight infections. Instruct patients of the importance of communicating any history of infections to the healthcare provider and contacting

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their healthcare provider if they develop any signs or symptoms of clinically important infection *[see Warnings and Precautions (5.1)]*.

Hypersensitivity and Infusion-Related Reactions
Inform patients that hypersensitivity and infusion-related reactions may occur with SPEVIGO. Advise patients to seek immediate medical attention if they experience any symptoms of a serious hypersensitivity reaction *[see Warnings and Precautions (5.3)]*.

Vaccinations
Advise patients to avoid receiving live vaccines after treatment with SPEVIGO *[see Warnings and Precautions (5.4)]*.

Manufactured by:
Boehringer Ingelheim Pharmaceuticals, Inc.
Ridgefield, CT 06877 USA
US License Number 2006

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MEDICATION GUIDE
SPEVIGO® (spea VEE go)
(spesolimab-sbzo)
injection, for intravenous use

What is the most important information I should know about SPEVIGO?

SPEVIGO may cause serious side effects, including:

- **Infections.** SPEVIGO may lower the ability of your immune system to fight infections and may increase your risk of infections. Your healthcare provider should check you for infections and tuberculosis (TB) before starting treatment with SPEVIGO and may treat you for TB before you begin treatment with SPEVIGO if you have a history of TB or have active TB. Your healthcare provider should watch you closely for signs and symptoms of TB after treatment with SPEVIGO. Tell your healthcare provider right away if you have an infection or have symptoms of an infection, including:
  - fevers, chills, or sweats
  - muscle aches
  - cough
  - shortness of breath
  - blood in your phlegm (mucus)
  - burning when you urinate
  - urinating more often than normal
- **Allergic reactions and infusion-related reactions.** Serious allergic reactions may happen during or after your infusion of SPEVIGO. If you have a serious allergic reaction, your healthcare provider will stop treatment with SPEVIGO. If you have an infusion-related reaction, your healthcare provider will stop your SPEVIGO infusion and treat your symptoms and may restart SPEVIGO at a slower infusion rate. Tell your healthcare provider or get emergency medical help right away if you get any of the following symptoms during or after your infusion of SPEVIGO:
  - feeling faint, dizzy, or lightheaded
  - swelling of your face, eyelids, lips, mouth, tongue, or throat
  - trouble breathing or throat tightness
  - fever
  - mouth sores
  - chest tightness
  - hives or skin rash that is different than the rash from generalized pustular psoriasis (GPP)
  - itching
  - swollen lymph nodes

See **"What are the possible side effects of SPEVIGO?"** for more information about side effects.

What is SPEVIGO?

SPEVIGO is a prescription medicine used to treat generalized pustular psoriasis (GPP) flares in adults.

It is not known if SPEVIGO is safe and effective in children.

Do not receive SPEVIGO if you have had a severe or life-threatening allergic reaction to spesolimab-sbzo or any of the ingredients in SPEVIGO. See the end of this Medication Guide for a complete list of ingredients in SPEVIGO.

Before you receive SPEVIGO, tell your healthcare provider about all of your medical conditions, including if you:

- have an infection that does not go away or that keeps coming back. See **"What is the most important information I should know about SPEVIGO?"**
- have TB or have been in close contact with someone with TB.
- have recently received or are scheduled to receive an immunization (vaccine). You should not receive live vaccines after treatment with SPEVIGO.
- are pregnant or plan to become pregnant. It is not known if SPEVIGO can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if SPEVIGO passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby during treatment with SPEVIGO.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How will I receive SPEVIGO?

- Your healthcare provider will give you SPEVIGO through a needle placed in your vein (intravenous infusion) over 90 minutes.

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- SPEVIGO is usually given one time. If GPP flare symptoms continue, your healthcare provider will decide if you should receive an additional treatment with SPEVIGO after 1 week.

What are the possible side effects of SPEVIGO?

SPEVIGO may cause serious side effects. See "**What is the most important information I should know about SPEVIGO?**"

The most common side effects of SPEVIGO include:

- feeling tired or weak
- nausea and vomiting
- headache
- itching or itchy bumps
- a collection of blood under the skin at the infusion site or bruising
- urinary tract infection

These are not all of the possible side effects of SPEVIGO.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of SPEVIGO.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your pharmacist or healthcare provider for information about SPEVIGO that is written for health professionals.

What are the ingredients in SPEVIGO?

Active ingredient: spesolimab-sbzo

Inactive ingredients: arginine hydrochloride, glacial acetic acid, polysorbate 20, sodium acetate, sucrose, and Water for Injection, USP

Manufactured by: Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT 06877 USA
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For more information about SPEVIGO, including current prescribing information and Medication Guide, go to **www.SPEVIGO.com**, scan the code below, or call Boehringer Ingelheim Pharmaceuticals, Inc. at 1-800-542-6257.

This Medication Guide has been approved by the U.S. Food and Drug Administration. Issued: 09/2022