

Spevigo (spesolimab-sbzo)

- Spevigo (spesolimab) Subcutaneous 150mg/1mL Solution for injection
- Spevigo (spesolimab) Intravenous 450mg/7.5mL Solution for injection

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Spevigo (spesolimab-sbzo)	1
Summary	2
Definitions	2
Clinical Indications	3
Medical Necessity Criteria for Clinical Review	3
General Medical Necessity Criteria	3
Medical Necessity Criteria for Initial Clinical Review	3
Initial Indication-Specific Criteria	3
Treatment of Acute Generalized Pustular Psoriasis (GPP) Flares	3
Prevention of Generalized Pustular Psoriasis (GPP) Flares (Maintenance Therapy)	3
Medical Necessity Criteria for Subsequent Clinical Review	4
Subsequent Indication-Specific Criteria	4
Prevention of GPP flares (Maintenance Therapy)	4
Experimental / Investigational, or unproven	5
Applicable Billing Codes	5
References	5
Clinical Guideline Revision / History Information	6

Summary

Generalized pustular psoriasis (GPP) is a rare, severe form of psoriasis characterized by sudden, widespread eruptions of painful, sterile pustules accompanied by fever, malaise, and other systemic symptoms. Acute GPP can be life-threatening due to complications such as sepsis, acute respiratory distress syndrome, and multi-organ failure. Treatment options have been limited, often relying on off-label use of systemic therapies like interleukin (IL)-17 inhibitors (e.g., secukinumab, ixekizumab, brodalumab), IL-23 inhibitors (e.g., guselkumab, risankizumab, ustekinumab), cyclosporine, Infliximab, retinoids (e.g., acitretin, isotretinoin), and methotrexate, which may have significant side effects and variable efficacy.

Spevigo (spesolimab-sbzo) is a targeted biologic therapy approved for the treatment of GPP flares in adults and adolescents. It is a monoclonal antibody that blocks the interleukin-36 receptor, a key driver of inflammation in GPP. Spevigo (spesolimab-sbzo) is administered intravenously for acute flares and subcutaneously for maintenance therapy to prevent flares. It is supplied in two formulations:

1. For intravenous use in acute flares:
 - a. Single-dose vials containing 450 mg/7.5 mL (60 mg/mL) of spesolimab-sbzo
 - b. Each carton contains two vials.
 - c. Initial dose: 900 mg intravenous infusion administered over 90 minutes
 - d. If flare symptoms persist, another intravenous dose of 900 mg one week after the initial dose.
2. For subcutaneous use in maintenance therapy:
 - a. Single-dose prefilled syringes containing 150 mg/mL of spesolimab-sbzo
 - b. Each carton contains two syringes.
 - c. Initial (loading) dose: 600 mg administered subcutaneous dose
 - d. Maintenance: 300 mg administered subcutaneously every 4 weeks.

Definitions

"Flare" refers to an acute episode of disease exacerbation in GPP, marked by the sudden appearance or worsening of pustules and associated symptoms.

"Generalized pustular psoriasis (GPP)" is a rare, severe, and potentially life-threatening form of psoriasis characterized by sudden, widespread eruptions of sterile pustules, often accompanied by systemic symptoms such as fever, malaise, and laboratory abnormalities.

"Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA)" is a validated assessment tool that evaluates the severity of an acute GPP event. The score ranges from 0 (clear) to 4 (severe).

"Interleukin-36 receptor (IL-36R)" is a key component of the immune system that, when activated, drives inflammation associated with GPP.

"Psoriasis" is a chronic inflammatory skin condition characterized by red, scaly patches (plaques) that can appear anywhere on the body, caused by rapid skin cell turnover.

"[s]" indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers Spevigo (spesolimab-sbzo) medically necessary when ALL of the following criteria are met:

1. The medication is prescribed by or in consultation with a dermatologist; *AND*
2. The member is 12 years of age or older and weighs at least 40 kg; *AND*
3. The member has a diagnosis of generalized pustular psoriasis (GPP); *AND*
4. The member is not using Spevigo (spesolimab-sbzo) concomitantly with any other biologic drug or targeted synthetic drug for the same indication; *AND*
5. The member meets the applicable [Medical Necessity Criteria for Initial Clinical Review](#) or [Subsequent Clinical Review](#) listed below.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Treatment of Acute Generalized Pustular Psoriasis (GPP) Flares

6. The member meets the above [General Medical Necessity Criteria](#); *AND*
7. The member has a flare of GPP of moderate-to-severe intensity, as defined by ALL of the following:
 - a. A Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score of at least 3 (moderate); *and*
 - b. The presence of fresh pustules (new appearance or worsening of pustules); *and*
 - c. GPPPGA pustulation sub-score of at least 2 (mild); *and*
 - d. At least 5% of body surface area covered with erythema and the presence of pustules; *AND*
8. The member has primary, sterile, macroscopically visible pustules (new or worsening) on an erythematous base (excluding cases where pustulation is restricted to psoriatic plaques); *AND*
9. The dosing regimen does NOT exceed a maximum of 1800 mg (two 900 mg doses):
 - a. Initial dose: 900 mg administered intravenously; *and*
 - b. If flare symptoms persist, a second 900 mg intravenous dose may be administered one (1) week after the initial dose.

Prevention of Generalized Pustular Psoriasis (GPP) Flares (Maintenance Therapy)

6. The member meets the above [General Medical Necessity Criteria](#); *AND*

7. The member has a history of at least two (2) moderate-to-severe GPP flares in the past; *AND*
8. The member has ONE (1) of the following:
 - a. The member has previously responded to treatment with Spevigo (spesolimab-sbzo); *or*
 - b. The member has had an inadequate response, intolerance, or contraindication to at least one systemic therapy for GPP (e.g., acitretin, cyclosporine, methotrexate)^[5]; *AND*
9. The member is NOT currently experiencing an acute GPP flare; *AND*
10. The dosing regimen does NOT exceed a maximum of 600 mg (four 150 mg injections) for the initial (loading) dose, then 300 mg (two 150 mg injections) every 4 weeks:
 - a. Initial (loading) dose: 600 mg administered subcutaneously; *and*
 - b. Maintenance: 300 mg administered subcutaneously every 4 weeks.

If the above prior authorization criteria are met, the requested product will be authorized as follows:^[5]

- Treatment of Acute GPP Flares: A one-time treatment course of up to two doses (900 mg each) within a 2-week period.
- Prevention of GPP Flares (Maintenance Therapy): Initial authorization for up to 6 months
NOTE: Members transitioning from acute flare treatment to maintenance therapy should initiate subcutaneous dosing 4 weeks after the last intravenous dose, starting with the 300 mg maintenance dose. A subcutaneous loading dose is not required when transitioning from IV to SC maintenance dosing.

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Prevention of GPP flares (Maintenance Therapy)

The Plan considers Spevigo (spesolimab-sbzo) medically necessary when ALL of the following criteria are met:

1. The member meets the above applicable **General Medical Necessity Criteria**; *AND*
2. The member has demonstrated a positive clinical response to Spevigo (spesolimab-sbzo) therapy as evidenced by ONE (1) of the following:
 - a. Reduction in frequency of GPP flares; *and/or*
 - b. Reduction in severity of GPP flares; *and/or*
 - c. Decreased duration of GPP flares; *and/or*
 - d. Improvement in quality of life scores.

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.^[5]

Experimental / Investigational, or unproven^[s]

Spevigo (spesolimab-sbzo) for any other use is considered experimental, investigational, or unproven.

Non-covered uses include, but are not limited to, the following:

- Treatment of hidradenitis suppurativa (HS). Only one published proof-of-concept study (n=52) and a case report support the use of Spevigo (spesolimab-sbzo) for HS. Two additional studies are lacking published results (NCT05819398, NCT06241573). More data is needed to support the safety and efficacy of Spevigo (spesolimab-sbzo) for the management of HS.
- Treatment of other pustular skin conditions such as palmoplantar pustulosis. There have been no positive findings from published studies supporting the use of Spevigo (spesolimab-sbzo) for the management of palmoplantar pustulosis.
- Treatment of plaque psoriasis without GPP. There is not enough high-quality evidence to support the safety and efficacy of Spevigo (spesolimab-sbzo) for the management of plaque psoriasis.
- Treatment of other autoimmune or inflammatory conditions not specified in the FDA-approved labeling. There is not enough high-quality evidence to support the safety and efficacy of Spevigo (spesolimab-sbzo) for the management of other autoimmune or inflammatory conditions.

Applicable Billing Codes

<i>Service(s) name</i>	
CPT/HCPCS Codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
J1747	Injection, spesolimab-sbzo, 1 mg
ICD-10 codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
L40.1	Generalized pustular psoriasis

References

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Clinical Guideline Revision / History Information

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