



Pharmacy Drug Policy & Procedure

Policy Name:	Spevigo (spesolimab)	Policy#:	3180P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Spevigo (spesolimab).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Spevigo (spesolimab) under the specialty medical benefit if the following criteria are met.

Criteria

1. Coverage Criteria for Generalized Pustular Psoriasis (GPP)

- 1.1 Diagnosis of generalized pustular psoriasis (GPP)
- 1.2 Patient is currently experiencing a GPP flare of moderate to severe intensity as defined by the following:
 - Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score ≥ 3 (moderate to severe)
 - GPPPGA pustulation subscore ≥ 2 (mild to severe)
 - Presence of fresh pustules (new appearance or worsening of pustules)
 - $\geq 5\%$ body surface area covered with erythema or pustules
- 1.3 Age 12 years or older and weighing at least 40kg
- 1.4 Prescribed by or in consultation with a dermatologist (skin doctor)
- 1.5 In patients with non-disabling disease; previous trial and failure, contraindication or intolerance to one systemic therapy (such as cyclosporine, methotrexate, acitretin, isotretinoin, systemic glucocorticoid or mycophenolate)

2. Exclusion Criteria

- 2.1 Concomitant use with any other immunomodulator biologics for psoriasis
- 2.2 Patient is experiencing life-threatening flare or intensive care
- 2.3 Patient with active tuberculosis or other clinically significant active infection

3. Approval Period

- 3.1 6 months (2 infusions)
- 3.2 Maximum lifetime 2 visits based on FDA approved dosing

CPT Codes

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HCPCS Codes

J1747	Injection, spesolimab-sbzo, 1 mg
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References

1. Spevigo (spesolimab) [prescribing information]. Ridgefield, Connecticut: Boehringer Ingelheim Pharmaceuticals Inc; March 2024.
2. Bachelez H, Choon SE, Marrakchi S, et al. Trial of spesolimab for generalized pustular psoriasis. *N Engl J Med*. 2021;385(26):2431-2440.
3. Choon SE, et al. Clinical course and characteristics of generalized pustular psoriasis. *Am J Clin Dermatol*. 2022;23(Suppl 1):21–29.
4. Menter A, Gelfand JM, Connor C, et al. Joint American Academy of Dermatology (JAAD)–National Psoriasis Foundation (NPF) guidelines of care for the management of psoriasis with systemic nonbiologic therapies. *J Am Acad Dermatol*. 2020 Jun;82(6):1445-1486.
5. Kearns DG, Chat VS, Zang PD, et al. Review of treatments for generalized pustular psoriasis. *J Dermatolog Treat* 2021; 32:492.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.