

<b>Policy Name:</b>	<b>Spevigo (spesolimab)</b>	<b>Policy#:</b>	<b>3180P</b>
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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 and Health Alliance Northwest 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  $\geq 3$  (moderate to severe)
  - GPPPGA pustulation subscore  $\geq 2$  (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

## HCPCS Codes

J1747	Injection, spesolimab-sbzo, 1 mg
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## References

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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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