

Spesolimab-sbzo (Spevigo®)

Place of Service
Office Administration
Outpatient Facility Administration
Infusion Center Administration

HCPCS: J1747 per 1 mg

Condition(s) listed in policy (see criteria for details)

- [Generalized Pustular Psoriasis flare](#)

AHFS therapeutic class: immunological agents, immunosuppressants

Mechanism of action: humanized monoclonal immunoglobulin G1 antibody that inhibits interleukin-36 (IL-36) signaling by specifically binding to the IL36R.

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Spesolimab-sbzo (Spevigo®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Generalized Pustular Psoriasis Flare

1. Prescribed by or in consultation with a dermatologist, AND
2. Provider attestation that patient is experiencing a GPP flare

Covered Doses

900mg IV x 1 followed by an additional 900mg dose 1 week later if needed

Coverage Period

Cover up to two doses separated by one week per flare episode

ICD-10:

L40.1

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Spevigo® (spesolimab-sbzo) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT COVERED for the following condition(s)

Blue Shield's research indicates there is inadequate clinical evidence to support off-label use of this drug for the following conditions (Health and Safety Code 1367.21):

- Maintenance treatment (prevention of flares)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

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

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Spevigo (spesolimab-sbzo) [Prescribing information]. Ridgefield, CT: Boehringer Ingelheim International, Inc.; 9/2022.

(7) Policy Update

Date of last review: 4Q2023

Date of next review: 4Q2024

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*