blue california
Promise Health Plan

spesolimab-sbzo (Spevigo)

Medical Benefit Drug Policy

Place of Service
Infusion Center Administration
Office Administration
Outpatient Facility Infusion Administration

Drug Details

USP Category: IMMUNOLOGICAL AGENTS
Mechanism of Action: Interleukin-36 receptor antagonist
HCPCS:
J1747:Injection, spesolimab-sbzo, 1 mg
How Supplied:

- 450 mg/7.5 mL (60 mg/mL) solution in a single-dose vial
- 150 mg/mL 2 single-dose prefilled syringes
- 300 mg/mL preferred syringes

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

- Generalized Pustular Psoriasis, treatment and prevention

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria
The following condition(s) require Prior Authorization/Preservice.

Generalized Pustular Psoriasis, treatment and prevention
Meets medical necessity if all the following are met:

1. Prescribed by or in consultation with a dermatologist
2. Patient is 12 years of age or older and weighs 40 kg or more
3. Either of the following:
    1. Being used to treat a GPP flare
    2. Being used to prevent a GPP flare and all the following:
        i. Being used for a loading dose (i.e., 600mg), and

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ii. Patient has not received IV treatment for a GPP flare in the past 4 weeks

Covered Doses:
Treatment: 900 mg IV for one dose followed by an additional 900 mg dose a week later if needed
Prevention: 600 mg SC for one dose. Subsequent SC doses of 300 mg can be self-given or given by a caregiver in the home. Drugs that can be given at home can be requested from your Pharmacy Benefit.

Coverage Period:
Treatment: Cover up to 2 doses per flare
Prevention: Cover for 1 dose

ICD-10:
L40.1

References

1. Spevigo (spesolimab) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals Inc; October 2025.

Review History

Date of Last Annual Review: 4Q2025
Changes from previous policy version:

- No clinical changes following annual review.

Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee