Policy Number	**RX501.181**
Policy Effective Date	**5/7/2026**

Spesolimab-sbzo

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Related Policies (if applicable)
None

Disclaimer

Medical policies are a set of written guidelines that support current standards of practice. They are based on current generally accepted standards of care developed by: nonprofit professional association(s) for the relevant clinical specialty, third-party entities that develop treatment criteria, or other federal or state governmental agencies. A requested therapy must be proven effective for the relevant diagnosis or procedure. For drug therapy, the proposed dose, frequency and duration of therapy must be consistent with recommendations in at least one authoritative source. This medical policy is supported by FDA-approved labeling and/or nationally recognized authoritative references to major drug compendia, peer reviewed scientific literature and generally accepted standards of medical care. These references include, but are not limited to: MCG care guidelines, DrugDex (IIa level of evidence or higher), NCCN Guidelines (IIb level of evidence or higher), NCCN Compendia (IIb level of evidence or higher), professional society guidelines, and CMS coverage policy.

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Legislative Mandates

EXCEPTION: For members residing in the state of Ohio, § 3923.60 requires any group or individual policy (Small, Mid-Market, Large Groups, Municipalities/Counties/Schools, State Employees, Fully-Insured, PPO, HMO, POS, EPO) that covers prescription drugs to provide for the coverage of any drug approved by the U. S. Food and Drug Administration (FDA) when it is prescribed for a use recognized as safe and effective for the treatment of a given indication in one or more of the standard medical reference compendia adopted by the United States Department of Health and Human Services or in medical literature even if the FDA has not approved the drug for that indication. Medical literature support is only satisfied when safety and efficacy has been confirmed in two articles from major peer-reviewed professional medical journals that present data supporting the proposed off-label use or uses as generally safe and effective. Examples of accepted journals include, but are not limited to, Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), and Lancet. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. Evidence limited to case studies or case series is not sufficient to meet the standard of this criterion. Coverage is never required where the FDA has recognized a use to be contraindicated, and coverage is not required for non-formulary drugs.

Coverage

NOTE 1: Spesolimab-sbzo (Spevigo®) may also be self-administered. For self-administered formulations, please refer to applicable pharmacy benefit plan.

Spesolimab-sbzo (Spevigo) **may be considered medically necessary** for the treatment of generalized pustular psoriasis when the individual meets the following criteria:

1. Adults and pediatric patients 12 years of age and older and weighing at least 40 kg.; AND
2. Existing flare is or previously was of moderate to severe intensity.

Spesolimab-sbzo (Spevigo) **is considered experimental, investigational and/or unproven** for all other non-Food and Drug Administration indications.

Policy Guidelines

Complete all age-appropriate vaccinations according to current immunization guidelines prior to initiating spesolimab-sbzo (Spevigo) for treatment of generalized pustular psoriasis.

The Generalized Pustular Psoriasis Physician Global Assessment Form© (4)

The GPPPGA score is adapted from the Physician Global Assessment, a tool physicians use to assess psoriatic lesions. The GPPPGA is used to assess the severity of pustules, scaling, and erythema, using a 5-point scale ranging from 0 to 4, with higher scores indicating greater disease severity.

PG1. The Generalized Pustular Psoriasis Physician Global Assessment Form

Choose a value based on the severity of each individual component			
	Pustules Score	**Erythema Score**	**Scaling/Crusting Score**
Clear[a]	**00** No visible pustules	**00** Normal or post-inflammatory hyperpigmentation	**00** No scaling or crusting
Almost clear[a]	**01** Low-density, occasional, small, discrete pustules (noncoalescent)	**01** Faint, diffuse pink or slight red	**01** Superficial focal scaling or crusting restricted to periphery of lesions
Mild	**02** Moderate-density, grouped, discrete, small pustules, (noncoalescent)	**02** Light red	**02** Predominantly fine scaling or crusting
Moderate	**03** High-density pustules, with some coalescence	**03** Bright red	**03** Moderate scaling or crusting, coverage most or all lesions
Severe	**04** Very high-density pustules with pustular lakes	**04** Deep fiery red	**04** Severe scaling or crusting covering most or all lesions

[a] To receive a score of 0 or 1, patient must be afebrile in addition to the skin presentation requirements.

Calculate the average to determine the total score. (Example)

Date	**Pustules**	**Erythema**	**Scaling/Crusting**	**Total**	**Avg (Total/3)**
XX/XX/XXXX	3	3	3	9	3

The GPPPGA total score is determined by average subscores of pustules, erythema, and scaling. The components are graded separately. The average is calculated and the GPPPGA total score is determined from the average composite score of erythema, pustules, and scaling: 0 (0 for all 3 components), 1 (average is >0 to <1.5), 2 (average is 1.5 to <2.5), 3 (average is 2.5 to <3.5), or
4 (average is ≥3.5). To receive a score of 0 or 1, the patient must also be afebrile.

Description

Generalized pustular psoriasis is a rare severe form of pustular psoriasis characterized by repeated episodes in which large areas of skin become red and inflamed and develop small pustules. It can be associated with systemic inflammation including fevers and/or hepatic, gastrointestinal, musculoskeletal, renal, or pulmonary involvement. It is also known as von Zumbusch psoriasis.

While GPP can appear in any age group, it is most common in adults between 40-50 years of age, and is unusual in children. Onset is often earlier in patients with a family history of psoriasis, or with a homozygous interleukin 36 (IL-36) receptor antagonist (IL36RN) gene mutation. Females are generally more affected; however, for children between 3-16 years of age, a male predominance has been reported. GPP can also affect pregnant women, which is called impetigo herpetiformis, and is associated with increased maternal and fetal morbidity. Although GPP is distinct from plaque psoriasis, the two conditions are strongly associated with one another, making concurrent or previous plaque psoriasis a significant risk factor for developing GPP.

It is unknown what causes GPP; however, it seems to be associated with a combination of genetic and environmental risk factors. Several genetic mutations are associated with GPP, including homozygous and heterozygous mutations in genes involved in the regulation of immune and inflammatory pathways, such as:

- IL36RN (interleukin 36 receptor antagonist) — homozygous or compound heterozygous mutations are associated with GPP not accompanied by plaque psoriasis
- CARD14 (caspase recruitment domain-containing protein 14) — significant risk for GPP with plaque psoriasis
- AP1S3 (adaptor-related protein complex 1 subunit sigma 3)
- MPO (myeloperoxidase)
- SERPINA3 (Serpin peptidase inhibitor clade A member 3).

Environmental factors, such as the use of, or tapering/stopping medications, may be associated with GPP, such as:

- Analgesics: non-steroidal anti-inflammatory drugs (NSAIDs), morphine;
- Anti-hypertensives: ramipril, diltiazem;
- Antimicrobials: amoxicillin, sulfonamides, terbinafine;
- Antiplatelet agents: aspirin, clopidogrel;
- Other medications including rituximab, lithium, potassium iodide, progestins, and hydroxychloroquine;
- Topical agents: topical calcipotriol and steroid combination, topical coal tar;
- Paradoxical reaction to tumor necrosis factor (TNF)-alpha inhibitors and ustekinumab (see paradoxical psoriasis);
- Abrupt withdrawal of systemic corticosteroids or ciclosporin.

Individuals may experience inflammation that develops initially, usually in areas of large skinfolds. Within 2-3 hours, non-follicular pustules appear, which then converge to form "lakes" of pus. The trunk and limbs are most affected. Over the following days to weeks, pustules dry out and usually resolve with residual erythema and desquamation or may evolve into erythrodermic psoriasis. Lesions tend to regress without sequelae, although hypertrophic scars or keloids may occur. GPP is characterized by recurrent acute flares; successive crops of pustules may appear and erupt every few days or weeks. Non-cutaneous features include, but are not limited to, fatigue, fever, headaches, conjunctivitis, arthritis, jaundice or nail abnormalities.

GPP is incurable and has an unpredictable and variable course. While treatment aims to prevent and reduce the frequency and duration of flares, most individuals have recurrent disease. There may or may not be complete regression of lesions after flares, and symptoms have been reported to persist between flares in about 80% of cases. Data on mortality rates are limited but have been reported between 4%-7%. Older patients likely have a poorer prognosis than younger patients due to comorbidities and systemic complications.

Current treatment includes the use of emollients and moisturizers, intravenous fluid and electrolytes; phototherapy usually in combination with system agents; antibiotics in the case of secondary bacterial infection, and biologic agents such as adalimumab, secukinumab, guselkumab, etc.

Spesolimab-sbzo is a humanized monoclonal immunoglobulin G1 antibody that inhibits interleukin-36 (IL-36) signaling by specifically binding to the IL36R.

Regulatory Status
In 2022, the U.S. Food and Drug Administration approved spesolimab-sbzo (Spevigo, Boehringer Ingelheim Pharmaceuticals, Inc.) for the treatment of generalized pustular psoriasis (GPP) in adults and pediatric patients 12 years of age and older and weighing at least 40 kg. (1)

Rationale

This policy is based on the U.S. Food and Drug Administration (FDA) prescribing information for spesolimab-sbzo (Spevigo). (1)

Spesolimab-sbzo (Spevigo)
Intravenous Spevigo for Treatment of Generalized Pustular Psoriasis (GPP) Flare (Study Effisayil-1)

A randomized, double-blind, placebo-controlled study (Study Effisayil-1) [NCT03782792] was conducted to evaluate the clinical efficacy and safety of intravenous Spevigo in adult subjects with flares of generalized pustular psoriasis (GPP). Subjects were randomized if they had a flare of GPP of moderate-to-severe intensity, as defined by:

- A Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score of at least 3 (moderate) [the total GPPPGA score ranges from 0 (clear) to 4 (severe)],
- The presence of fresh pustules (new appearance or worsening of pustules),
- GPPPGA pustulation sub score of at least 2 (mild), and
- At least 5% of body surface area covered with erythema and the presence of pustules.

Subjects were required to discontinue systemic and topical therapy for GPP prior to receiving study drug.

A total of 53 subjects were randomized (2:1) to receive a single intravenous dose of 900 mg Spevigo (N=35) or placebo (N=18) (administered over 90 minutes) during the double-blind portion of the study.

The study population consisted of 32% male and 68% female. The mean age was 43 years (range: 21 to 69 years); 55% of subjects were Asian and 45% were White. For ethnicity, there were no subjects that identified as Hispanic or Latino in the study. Most subjects included in the study had a GPPPGA pustulation sub score of 3 (43%) or 4 (36%), and subjects had a GPPPGA total score of 3 (81%) or 4 (19%). In this study, 25% of subjects had been previously treated with biologic therapy for GPP. At baseline acute flare, of the subjects with white blood cell count (WBC) assessments, 45% and 31% of subjects in the intravenous Spevigo and placebo groups, respectively, had WBC >12 x 10^9/L. Seventeen percent and 11% of subjects in the intravenous Spevigo and placebo groups, respectively, had temperature >38° Celsius. Of the subjects with WBC assessments, 12% and 6% of subjects in the Spevigo and placebo groups, respectively, had both WBC >12 x 10^9/L and temperature >38° Celsius.

The primary endpoint of the study was the proportion of subjects with a GPPPGA pustulation sub score of 0 (indicating no visible pustules) at Week 1 after treatment.

Clinical Response

The results of the primary endpoint are presented in Table 1.

Table 1. GPPPGA Pustulation Sub Score at Week 1 in Adult Subjects with Flares of GPP in Study Effisayil-1 (Intravenous Spevigo)

	Intravenous Spevigo (N=35)	**Placebo (N=18)**
Subjects achieving a GPPPGA pustulation sub score of 0, n (%)	19 (54)	1 (6)

Risk difference versus placebo, % (95% CI)	49 (21, 67)

CI: confidence interval; GPP: generalized pustular psoriasis; GPPPGA: Generalized Pustular Psoriasis Physician Global Assessment.

In Study Effisayil-1, subjects in either treatment group who continued to experience flare symptoms at Week 1 were eligible to receive a single open-label intravenous dose of 900 mg of Spevigo (second dose and first dose for subjects in the Spevigo and placebo groups, respectively). At Week 1, 12 (34%) subjects and 15 subjects (83%) in the intravenous Spevigo and placebo groups, respectively, received open-label Spevigo. In subjects who were randomized to intravenous Spevigo and received an open-label dose of Spevigo at Week 1, 5 (42%) subjects had a GPPPGA pustulation sub score of 0 at Week 2 (one week after their second dose of Spevigo).

This study did not include sufficient numbers of subjects to determine if there are differences in response according to biological sex, age, race, baseline GPPPGA pustulation sub score, and baseline GPPPGA total score.

Summary of Evidence
Based on the studies provided to the U.S. Food and Drug Administration (FDA), spesolimab-sbzo (Spevigo) may be considered medically necessary for the treatment of generalized pustular psoriasis when the individual meets the following criteria: 1. Adults and pediatric patients 12 years of age and older and weighing at least 40 kg.; AND 2. Existing flare is or previously was of moderate to severe intensity. Spesolimab-sbzo (Spevigo®) is considered experimental, investigational and/or unproven for all other non-Food and Drug Administration approved indications.

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes		None
HCPCS Codes		J1747

*Current Procedural Terminology (CPT®) ©2025 American Medical Association: Chicago, IL.

References

U.S. Food and Drug Administration Label:

1. FDA. Highlights of Prescribing Information Spevigo® (spesolimab-sbzo). U.S. Food and Drug Administration (5/2025). Available at: <https://www.accessdata.fda.gov> (accessed October 6, 2025).

Other:

2. Neill P. Generalised pustular psoriasis. DermNet. Available at: <https://www.dermnetnz.org> (accessed October 8, 2025).
3. Kalb RE. Pustular psoriasis: Management. In UpToDate, Callis Duffin K (Ed), UpToDate, Waltham, MA. Available at: <http://www.uptodate.com> (accessed October 8, 2025).
4. The Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) Form© 2024. Boehringer Ingelheim Pharmaceuticals, Inc. Available at: <https://www.pro.boehinger-ingelheim.com> (accessed October 13, 2025).

Centers for Medicare & Medicaid Services

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare & Medicaid Services does not have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at cms.hhs.gov.

Policy History/Revision	
Date	**Description of Change**
5/7/2026	New medical document. NOTE 1: Spesolimab-sbzo (Spevigo) may also be self-administered. For self-administered formulations, please refer to applicable pharmacy benefit plan. Spesolimab-sbzo (Spevigo) may be considered medically necessary for the treatment of generalized pustular psoriasis when the individual meets the following criteria: 1. Adults and pediatric patients 12 years of age and older and weighing at least 40 kg.; AND 2. Existing flare is or previously was of moderate to severe intensity. Spesolimab-sbzo (Spevigo) is considered experimental, investigational and/or unproven for all other non-Food and Drug Administration approved indications.