Spevigo® (spesolimab-sbzo) Intravenous Injection

When requesting Spevigo® Intravenous (spesolimab-sbzo intravenous infusion) the individual requiring treatment must be diagnosed with the following FDA-approved indication and meet the specific coverage guidelines.

FDA-approved Indication

Spevigo Intravenous is indicated for the treatment of generalized pustular psoriasis flares in adults and pediatric patients 12 years of age and older and weighing at least 40 kg.

Coverage Guidelines

Generalized Pustular Psoriasis Flares

The individual must meet **all** of the following criteria for authorization:

- Is 12 years of age or older;
- Weighs 40 kg or more;
- Is experiencing a flare of a moderate-to-severe intensity;
- Meets one of the following:
    - Patient is currently not receiving Spevigo subcutaneous injection and meets all of the following:
        - Has Generalized Pustular Psoriasis Physician Global Assessment (GPPGA) total score of 3 points or greater;
        - Has a GPPGA pustulation subscore of 2 points or greater;
        - Has new or worsening pustules;
        - Has erythema and pustules which affects 5% or more of body surface area;
    - Patient is currently receiving Spevigo subcutaneous injection and meets both of the following:
        - Has had an increase in GPPGA total score of 2 points or greater;
        - Has GPPGA pustulation subscore of 2 points or greater;
- If patient has already received Spevigo intravenous, patient must meet both of the following:
    - Has not already received two doses of Spevigo intravenous for treatment of the current flare;
    - If patient has previously received two doses of Spevigo intravenous, at least 12 weeks have elapsed since the last dose of Spevigo
- Spevigo intravenous is prescribed by or in consultation with a dermatologist.

Approval duration: 3 months

Dosing Recommendation

The recommended dosage is a single 900 mg dose administered by intravenous infusion over 90 minutes. If flare symptoms persist, may administer an additional 900 mg dose intravenously one week after the initial dose.

References

1. Spevigo® intravenous infusion [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; May 2025.
2. Robinson A, Van Voorhees AS, Hsu S, et al. Treatment of pustular psoriasis: from the medical board of the National Psoriasis Foundation. *J Am Acad Dermatol.* 2012;67(2):279-288.
3. Armstrong AW, Elston CA, Elewski BE. Generalized pustular psoriasis: A consensus statement from the National Psoriasis Foundation. *J Am Acad Dermatol*. 2024; 90(4):727-730.