Spevigo (spesolimab-sbzo) Medical Drug Criteria Program Summary

POLICY REVIEW CYCLE

Effective Date **Date of Origin**
07-01-2024

FDA LABELED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Spevigo® (spesolimab-sbzo) Intravenous injection	Treatment of generalized pustular psoriasis flares in adults		1

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

CLINICAL RATIONALE

Generalized Pustular Psoriasis	Generalized pustular psoriasis (GPP) is a rare inflammatory skin condition characterized by recurrent pustules that vary in size and severity. GPP is a distinctly different disease from plaque psoriasis, but often occurs in patients that have a diagnosis of psoriasis. Both adults and children are affected by GPP with severity ranging from mild to severe with each flare. Affected patients experience recurrent sudden onset flare ups with widespread pustules and often times systemic inflammation. Patients may also experience fevers, leukocytosis, malaise, and at times extracutaneous organ involvement, such as sepsis and/or renal, hepatic, respiratory, and heart failure, which can be life threatening. Due to the rarity of the disease, there is very little consensus on the definition and different phenotypes.(2) GPP flares can occur multiple times per year or may not occur for years at a time. Flares are often provoked, with withdrawal of systemic corticosteroids being the most common precipitating factor. Other precipitating factors include infections, sunlight, pregnancy, menstruation, and numerous systemic medications. Other medications known to precipitate flares include lithium, progesterone, infliximab, adalimumab, and apremilast. Flares typically last between 2 to 5 weeks but some flares may last for up to 3 months. Patients do not always achieve completely clear skin between flares of GPP. Roughly 30% of patients may have persistent pustular lesions. (2,3) GPP has two major clinical presentations, acute GPP (aka generalized pustular psoriasis of von Zumbusch) and generalized annular pustular psoriasis. Acute GPP is characterized by the abrupt development of widespread, painful erythematous patches or thin plaques that rapidly become studded with numerous pinhead-sized sterile pustules. Some pustules will then coalesce resulting in larger collections referred to as "lakes of pus." Generalized annual pustular psoriasis presents as a recurring, subacute eruption characterized by the development of annular or figurate erythematous plaques with peripheral pustules and scale. Pustules expand out over hours to days. Acute GPP and generalized annular pustular psoriasis pustules typically resolve within a few days, leaving erythema and extensive scaling.(3)

	There are no consensus criteria for the diagnosis of GPP. The diagnosis is suspected in patients that present with widespread pustules arising on erythematous skin. GPP is diagnosed using a combination of patient history of symptoms, physical examination, skin biopsy, and labs.(4,5) Treatment consists of a combination of systemic, topical, and phototherapy, and can be broken down into supportive care and long-term management. Initial management usually consists of systemic therapy to rapidly stabilize acute flares. Cyclosporine, infliximab, IL-17 or IL-23 agents are fast acting agents that may be used first line to obtain stability in severe acute flares. Patients that have tolerable, nondisabling disease are often treated with oral retinoids or methotrexate. Topical agents are generally used as adjunct to soothe the skin. Patients that do not respond to first line therapies move to phototherapy, an alternative biologic therapy, or combination therapy with two or more different classes.(6,7)
Efficacy	A randomized, double-blind, placebo-controlled study (Study Effisayil-1) [NCT03782792] was conducted to evaluate the clinical efficacy and safety of 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:(1) • 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. 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%). 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. At week 1, 54% of patients (19/35) that received Spevigo achieved a GPPPGA sub score of 0, while 6% patients (1/18) that received placebo achieved a GPPPGA sub score of 0.(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 Spevigo and placebo groups, respectively, received open-label Spevigo. In subjects who were randomized to 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).(1) 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.(1)
Safety	Spevigo is contraindicated in patients with severe or life-threatening hypersensitivity to spesolimab-sbzo or to any of the excipients in Spevigo.(1)

REFERENCES

Number	Reference
1	Spevigo prescribing information. Boehringer Ingelheim Pharmaceuticals, Inc. September 2022.

Number	Reference
2	Choon, S.E., Navarini, A.A. & Pinter, A. Clinical Course and Characteristics of Generalized Pustular Psoriasis. *Am J Clin Dermatol* **23** (Suppl 1), 21–29 (2022). https://doi.org/10.1007/s40257-021-00654-z
3	Choon SE, Lai NM, Mohammad NA, et al. Clinical profile, morbidity, and outcome of adult-onset generalized pustular psoriasis: analysis of 102 cases seen in a tertiary hospital in Johor, Malaysia. Int J Dermatol 2014; 53:676.
4	Ly K, Beck KM, Smith MP, Thibodeaux Q, Bhutani T. Diagnosis and screening of patients with generalized pustular psoriasis. Psoriasis (Auckl). 2019 Jun 20;9:37-42. doi: 10.2147/PTT.S181808. PMID: 31417859; PMCID: PMC6592018.
5	Fujita, H., Gooderham, M. & Romiti, R. Diagnosis of Generalized Pustular Psoriasis. Am J Clin Dermatol 23 (Suppl 1), 31–38 (2022). https://doi.org/10.1007/s40257-021-00652-1.
6	Falto-Aizpurua LA, Martin-Garcia RF, Carrasquillo OY, et al. Biological therapy for pustular psoriasis: a systematic review. Int J Dermatol 2020; 59:284.
7	Kalb, R., MD. Pustular psoriasis: Management. In *UpToDate*, Duffin, K. MD & Ofori, A. MD (Eds.), UpToDate, Waltham, MA. Literature review current through August 2022. Last updated February 2022.

POLICY AGENT SUMMARY – MEDICAL PRIOR AUTHORIZATION

HCPC Codes	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
	Spevigo	spesolimab-sbzo iv soln	450 MG/7.5ML	M ; N ; O ; Y	N		

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Spevigo	spesolimab-sbzo iv soln	450 MG/7.5ML	Commercial ; HIM ; ResultsRx

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Evaluation **Target Agent(s)** will be approved when ALL of the following are met: 1. The patient has a diagnosis of generalized pustular psoriasis (GPP) **AND** 2. The patient is experiencing a moderate to severe flare of GPP **AND** 3. If the patient has an FDA labeled indication, then ONE of the following: A. The patient's age is within FDA labeling for the requested indication for the requested agent **OR** B. There is support for using the requested agent for the patient's age **AND** 4. The prescriber is a specialist in the area of the patient's diagnosis (e.g., dermatologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis **AND** 5. The patient does NOT have any FDA labeled contraindications to the requested agent **AND** 6. BOTH of the following: A. The patient has been tested for latent tuberculosis (TB) when required by the prescribing information for the requested agent **AND** B. If the patient's TB test is positive, the patient has begun therapy for latent TB **AND**

Module	Clinical Criteria for Approval
	7. The requested quantity (dose) is within FDA labeled dosing for the requested indication **AND** 8. The patient has not received 2 or more infusions for the current flare **Length of Approval:** 1 month