

GCHP Medi-Cal Clinical Guidelines Spesolimab (Spevigo™)

PA Criteria	Criteria Details								
Covered Uses (FDA Approved Indication)	Generalized pustular psoriasis (GPP) flares in adults and pediatric patients ≥12 years of age and weighing ≥40 kg.								
Exclusion Criteria	<ul style="list-style-type: none">Primary plaque psoriasis vulgaris without presence of pustules.Active, serious infection, latent (untreated) tuberculosis.								
Required Medical Information	<ul style="list-style-type: none">Clinic notes confirming the diagnosis of GPP.Baseline Generalized Pustular Psoriasis Physician Global Assessment.(GPPPGA) score.12 years of age or older and weighing at least 40 kg.Up to date with all age-appropriate vaccinations prior to initiating treatment.Documentation of a negative tuberculosis (TB) infection prior to initiating treatment or pretreatment with antituberculosis therapy in patients with latent TB.Patient does not have SAPHO syndrome (inflammatory bone disorders that may be associated with skin changes).								
Age Restriction	12 years of age and older. 12 – 21 years of age – check for CCS.								
Prescriber Restrictions	Prescribed or recommended by a dermatologist or rheumatologist.								
Coverage Duration	Three months (maximum of two doses one week apart)								
Other Criteria/Information	<p>Criteria adapted from DHCS December 2024.</p> <p>Spevigo™ Prefilled syringe is FDA-approved as self-administered injection for maintenance therapy and should be provided to the member by a pharmacy through pharmacy benefit.</p> <p>Spevigo™ Vial is FDA-approved for administration by health care provider for active flare. For maintenance therapy, prefilled syringe should be used.</p> <table><tr><th>HCPCS</th><th>Description</th><th>Dosing, Units</th></tr><tr><td>J1747</td><td>Injection, spesolimab-sbzo, 1mg (Spevigo™)</td><td>900mg IV once; if flare persists, an additional 900mg IV may be given one week later.</td></tr></table>			HCPCS	Description	Dosing, Units	J1747	Injection, spesolimab-sbzo, 1mg (Spevigo™)	900mg IV once; if flare persists, an additional 900mg IV may be given one week later.
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	5/01/2024	5/01/2024	Lily Yip, Director of Pharmacy Services; Yoonhee Kim, Clinical Programs Pharmacist	N/A
Approved	N/A	5/15/2024	Pharmacy & Therapeutics (P&T) Committee	3/1/2025
Approved	N/A	7/18/2024	Medical Advisory Committee (MAC)	3/1/2025
Updated	10/09/2025	N/A	Yoonhee Kim, Clinical Program Pharmacist	N/A
Approved	N/A	11/13/2025	Pharmacy & Therapeutics Committee	12/1/2025