

Dear Healthcare Professional,

Please note that the sample physician appeal letter on page 3 of this resource includes general guidance related to appealing treatment decisions. **Please modify the content in the letter as needed based on your medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition.** For additional guidance, an appeal tips and checklist resource is also included.

Please be aware that appeal requirements may vary according to the health plan. For instance, the plan may require that only the patient submit a letter of appeal. In this case, it is the responsibility of the Healthcare Professional (HCP) to provide appropriate supporting documentation under separate cover.

Use of the information in this document does not guarantee that the health plan will provide reimbursement for Spevigo® (spesolimab-sbzo) injection and it is not intended to be a substitute for, or an influence on, your independent medical judgment. Before sending the appeal letter to the health plan, please remove the title that states, “[Sample Appeal Letter: Physician]” and corresponding instructions below the title in brackets.

INDICATION

SPEVIGO is indicated 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.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

SPEVIGO is contraindicated in patients with severe or lifethreatening hypersensitivity to spesolimab-sbzo or to any of the excipients in SPEVIGO. Reported hypersensitivity reactions have included drug reaction with eosinophilia and systemic symptoms (DRESS) and anaphylaxis.

WARNINGS AND PRECAUTIONS

Infections: SPEVIGO may increase the risk of infections. In patients with a chronic infection or a history of recurrent infection, consider the potential risks and expected clinical benefits of treatment prior to prescribing SPEVIGO. Treatment with SPEVIGO is not recommended in patients with any clinically important active infection until the infection resolves or is adequately treated. Instruct patients to seek medical advice if signs or symptoms of clinically important infection occur during or after treatment with SPEVIGO. If a patient develops a clinically important active infection, discontinue SPEVIGO therapy until the infection resolves or is adequately treated.

Risk of Tuberculosis: Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with SPEVIGO. Avoid use of SPEVIGO in patients with active TB infection. Consider initiating anti-TB therapy prior to initiating SPEVIGO in patients with latent TB or a history of TB in whom an adequate course of treatment cannot be confirmed. Monitor patients for signs and symptoms of active TB during and after SPEVIGO treatment.

Hypersensitivity and Infusion-Related Reactions:

- Serious hypersensitivity reactions, including anaphylaxis and delayed reactions such as drug reaction with eosinophilia and systemic symptoms (DRESS), have been reported during and following administration of SPEVIGO. These reactions can occur with the first dose or subsequent doses.

- SPEVIGO is contraindicated in patients with severe or life-threatening hypersensitivity to spesolimab-sbzo or to any of the excipients in SPEVIGO. If a patient develops signs of anaphylaxis or other serious hypersensitivity, discontinue SPEVIGO immediately and initiate appropriate treatment.
- If a patient develops mild or moderate hypersensitivity during an intravenous infusion or other infusion-related reactions, stop SPEVIGO infusion and consider appropriate medical therapy (eg, systemic antihistamines and/or corticosteroids). Upon resolution of the reaction, the infusion may be restarted at a slower infusion rate with gradual increase to complete the infusion.

Vaccinations: Prior to initiating SPEVIGO for treatment of GPP, complete all age-appropriate vaccinations according to current immunization guidelines. Avoid use of live vaccines in patients during and for at least 16 weeks after treatment with SPEVIGO. No specific studies have been conducted in SPEVIGO-treated patients who have recently received live viral or live bacterial vaccines.

ADVERSE REACTIONS

Intravenous SPEVIGO for Treatment of GPP Flare (Study Effisayil-1): Most common adverse reactions reported in $\geq 5\%$ of patients treated with SPEVIGO in the clinical trial were asthenia and fatigue, headache, nausea, pruritus and prurigo, infusion site hematoma and bruising, and urinary tract infection (UTI).

Specific Adverse Reactions

- **Infections:** The most frequent adverse reactions that occurred in subjects treated with intravenous SPEVIGO were infections. During the 1-week placebo-controlled period in Study Effisayil-1, infections were reported in 14% of subjects treated with SPEVIGO compared with 6% of subjects treated with placebo. Serious infection (UTI) was reported in 1 subject (3%) in the SPEVIGO group and no subjects in the placebo group. Infections observed through Week 1 in Study Effisayil-1 in subjects treated with SPEVIGO were mild (29%) to moderate (71%).

IMPORTANT SAFETY INFORMATION (Cont'd)

ADVERSE REACTIONS (Cont'd)

Specific Adverse Reactions (Cont'd)

- **Drug Reaction With Eosinophilia and Systemic Symptoms (DRESS):** Two cases of DRESS were reported in Study Effisayil-1 in subjects with GPP who were treated with intravenous SPEVIGO. RegiSCAR DRESS validation scoring (with the following categories: "no," "possible," "probable," or "definite" DRESS) was applied to the reported cases. Reported cases were assessed as "no DRESS" and "possible DRESS."

Subcutaneous SPEVIGO for Treatment of GPP When Not Experiencing a Flare (Study Effisayil-2): Regarding the exposure-adjusted incidence rates for subjects on randomized treatment prior to receiving rescue treatment for flare or completing trial without a flare, the rate per 100-patient years for injection site reaction (including erythema, pain, swelling, induration, urticaria, and warmth at the injection site) was 31.6 for the subcutaneous SPEVIGO cohort (600 mg loading dose followed by 300 mg every 4 weeks) vs 12.7 for the placebo cohort. The rate per 100-patient years for UTI was 18 for SPEVIGO vs 0 for placebo. The rate per 100-patient years for pruritus was 8.8 for SPEVIGO vs 0 for placebo. The rate per 100-patient years for arthralgia was 13.3 for SPEVIGO vs 6 for the placebo cohort. There were 3 subjects who discontinued subcutaneous SPEVIGO due to treatment-emergent adverse events of psoriasis compared to no subjects in the placebo cohort who discontinued placebo for any treatment-emergent adverse event.

Safety in Study Effisayil-2 After Flare: In Effisayil-2, subjects who experienced a GPP flare and received at least one dose of an open-label single intravenous 900 mg dose of SPEVIGO

were treated with open-label subcutaneous SPEVIGO 300 mg. These subjects (n=19) received subcutaneous dosing at every 12 weeks, which could have been increased to every 4 weeks based on GPPPGA total score or pustulation subscore increased by ≥ 1 from any previous open-label maintenance visit. The reported safety profile of open-label subcutaneous SPEVIGO use after treatment of GPP flare with open-label intravenous SPEVIGO use was consistent with the safety profiles of use of SPEVIGO from Trial Effisayil-1 and randomized controlled data from Trial Effisayil-2.

Clinical Development of Spesolimab-sbzo

- **Guillain-Barre Syndrome (GBS):** Among approximately 835 subjects exposed to spesolimab-sbzo during clinical development, GBS was reported in 3 subjects who received various doses of spesolimab-sbzo via various methods of administration in clinical trials for unapproved indications.

SPECIFIC POPULATIONS

Pediatric Use: The safety and effectiveness of SPEVIGO for the treatment of GPP have been established in pediatric patients 12 years of age and older and weighing at least 40 kg. Use of SPEVIGO for this indication is supported by data from a randomized, placebo-controlled study, which included 6 pediatric subjects 14 to 17 years of age with a history of GPP treated with subcutaneous SPEVIGO (Study Effisayil-2), and evidence from an adequate and well-controlled study of intravenous SPEVIGO in adults with GPP (Study Effisayil-1), with additional pharmacokinetic analyses showing similar drug exposure levels in adults and pediatric subjects 12 years of age and older and weighing 40 kg or more. The safety and effectiveness of SPEVIGO in pediatric patients younger than 12 years of age or in pediatric patients weighing less than 40 kg have not been established.

Please see additional Important Safety Information on the next page and full [Prescribing Information](#) including [Medication Guide](#) and [Instructions for Use](#).

 **Spevigo**[®]
(spesolimab-sbzo) injection



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April 2026 MAT-92722

[Please modify the content in the letter as needed based on your medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition.]

RE: Appeal for Spevigo® (spesolimab-sbzo) injection, for intravenous use

Dear Appeal Reviewer,

My name is _____, and I am a _____. I am writing to appeal the denial for SPEVIGO injection for the treatment of Generalized Pustular Psoriasis (GPP) on behalf of my patient, _____ who is experiencing a GPP flare. I have enclosed the product prescribing information that supports the use of this therapy that was approved by the US Food and Drug Administration (FDA) on March 18, 2024 for the indication of GPP treatment in adults and children 12 years of age and older weighing at least 40 kg. The FDA's approval for SPEVIGO intravenous for the treatment of GPP flare was based upon the safety and efficacy profile established in a randomized, double-blind, placebo-controlled study.

My patient's disease state, prior treatments and response to those treatments, as well as other underlying health issues, age, and other factors that impact my treatment decision are:

In conclusion, my patient, _____, has a confirmed diagnosis of GPP flares with an unpredictable clinical course associated with numerous complications. One of the treatment goals is pustular clearance, which SPEVIGO demonstrated in Effisayil-1. I would appreciate your prompt review of this appeal and approval for this important therapy. Thank you for your time and reconsideration of my request for SPEVIGO treatment for my patient's GPP flare.

Sincerely,



Approval Signatures

Name: SPEVIGO IV Sample Physician Appeal Letter

Id: MAT-92722

Version: 1

Status: Approved

Product: Spevigo®

Form:

Strength:

Region/Country: United States

Target Audience: Healthcare Professionals (HCPs)

Description: Resource for HCP office staff providing a sample physician appeal letter to support health plan appeals for SPEVIGO coverage decisions. Updated LEO Version.; Update to PC-US-144711

Document Approvals	
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