UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2026 P 1446-3 |
| Program | Prior Authorization/Notification |
| Medication | *Spevigo® (spesolimab-sbzo) injection<br>*This program applies to the subcutaneous formulations of Spevigo |
| P&T Approval Date | 5/2024, 5/2025, 5/2026 |
| Effective Date | 8/1/2026 |

**1. Background:**

Spevigo is an interleukin-36 receptor antagonist 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.

**2. Coverage Criteria[a]:**

**A. Initial Authorization**

1. **Spevigo** will be approved based upon **both** of the following criteria:

   a. Diagnosis of generalized pustular psoriasis (GPP)

   **-AND-**

   b. Used for the treatment of GPP

   **Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Spevigo** will be approved based upon the following criterion:

   a. Documentation of positive clinical response to therapy

   **Authorization will be issued for 12 months.**

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits, Medical Necessity, and/or Step Therapy may be in place.

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**4. References:**

1. Spevigo [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; March 2026.

| Program | Prior Authorization/Notification – Spevigo® (spesolimab-sbzo) |
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| **Change Control** | |
| 5/2024 | New program. |
| 5/2025 | Annual review. Updated coverage criteria wording without change to clinical intent. |
| 5/2026 | Annual review with no changes to clinical criteria. Updated reference. |

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