

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2023 P 3143-3 |
| Program | Step Therapy |
| Medication | Extina (ketoconazole) |
| P&T Approval Date | 8/2020, 2/2022, 2/2023 |
| Effective Date | 5/1/2023; Oxford only: 5/1/2023 |

1. Background:

Extina (ketoconazole) foam is indicated for the treatment of seborrheic dermatitis in immunocompetent patients 12 years of age and older. The safety and efficacy of Extina for treatment of fungal infections has not been established.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try ciclopirox or ketoconazole shampoo prior to receiving coverage for Extina.

2. Coverage Criteria^a:

A. Extina will be approved based on the following criterion:

1. Patient has a history of failure, contraindication, or intolerance to **one** of the following:
 - a. ciclopirox (generic ciclopirox gel, generic Loprox)
 - b. ketoconazole shampoo (generic Nizoral)

Authorization will be issued for 1 month

^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 may apply.

4. References:

1. Extina [package insert]. San Antonio, TX: DPT Laboratories, Ltd; August 2018.
2. Del Rosso, James Q. Adult Seborrheic Dermatitis: A Status Report on Practical Topical Management. J Clin Aesthet Dermatol. 2011;4(5):32–38.

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| Program | Step Therapy – Extina |
| Change Control | |
| Date | Change |
| 8/2020 | New program. |
| 2/2022 | Annual review. No changes. |
| 2/2023 | Annual review. No changes. |