

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2020 P 3140-1
Program	Step Therapy
Medication	Veregen (sinecatechins)
P&T Approval Date	6/2020
Effective Date	11/1/2020; Oxford only: 11/1/2020

1. Background:

Veregen (sinecatechins) is indicated for the treatment of external genital and perianal warts in immunocompetent patients.

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

2. Coverage Criteria^a:

<p>A. Veregen will be approved based on the following criterion:</p> <ol style="list-style-type: none"> 1. Patient has a history of failure, contraindication, or intolerance to one of the following: <ol style="list-style-type: none"> a. Imiquimod (generic Aldara) b. Podofilox (generic Conylox) <p style="text-align: center;">Authorization will be issued for 4 months</p> <p>^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.</p>

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. Veregen [package insert]. Melville, NY: Fougera Pharmaceuticals Inc.; December 2019.
2. CDC MMWR Sexually Transmitted Diseases Treatment Guidelines, 2015. June 5, 2015.

Program	Step Therapy – Veregen
Change Control	
Date	Change
6/2020	New program.