

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 3140-5
Program	Step Therapy
Medication	Veregen® (sinecatechins)
P&T Approval Date	6/2020, 7/2021, 9/2022, 11/2023, 8/2025
Effective Date	11/1/2025

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]. Feldkirchen-Westerham, Germany: C.P.M. ContractPharma GmbH.; January 2022.
2. CDC MMWR Sexually Transmitted Infections Treatment Guidelines, 2021. July 23, 2021.

Program	Step Therapy – Veregen
Change Control	
Date	Change
6/2020	New program.
7/2021	Annual review. Updated references.
9/2022	Annual review. Updated references.
11/2023	Annual review. Updated references.
8/2025	Annual review with no changes.