



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	November 9, 2010 March 23, 2011; June 6, 2012, July 7, 2022

VEREGEN® (sinecatechins)

LENGTH OF AUTHORIZATION: 16 weeks

REVIEW CRITERIA:

- Patient must be \geq 18 years of age.
- Patient must have a diagnosis of external genital warts or perianal warts.
- **Prescriber attests that patient is not immunocompromised.**
- Must have trial and failure of Imiquimod (16 week trial) and Podofilox (28 day trial)

DOSING AND ADMINISTRATION:

- **Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>**
- **Available as a 15% ointment.**