

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2026 P 1335-6
Program	Prior Authorization/Notification – New Jersey and New York
Medication	Topical Products
P&T Approval Date	11/2020, 11/2021, 12/2022, 1/2024, 3/2025, 3/2026
Effective Date	6/1/2026

**1. Background:**

Topical medications are products that are applied locally to body surfaces such as the skin or mucous membranes. They include variety of dosage forms, including but not limited to cream, lotions, ointments, foams and gels. A dollar threshold may be used to identify topical products which require prior authorization and must meet the criteria below in order to be covered.

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. Authorization</b></p> <p>1. <b>All of the following:</b></p> <p>a. <b>One</b> of the following:</p> <p>(1) The requested medication is being used for an indication supported by the FDA approved labeling, peer-reviewed literature, or accepted standard of medical practice.</p> <p style="text-align: center;"><b>-OR-</b></p> <p>(2) The indication for the medication is supported by one of the following compendia:</p> <p>(a) American Hospital Formulary Service (AHFS) Compendia</p> <p>(b) Thomson Reuters (Healthcare) Micromedex/DrugDex (not Drug Points) Compendium</p> <p>(c) Elsevier Gold Standards Clinical Pharmacology Compendium</p> <p>(d) National Comprehensive Cancer Network Drugs and Biologics Compendium</p> <p style="text-align: center;"><b>-AND-</b></p> <p>b. <b>One</b> of the following:</p> <p>(1) The dose and duration of treatment is supported by the FDA approved labeling, peer-reviewed literature, or accepted standards of medical practice.</p> <p style="text-align: center;"><b>-OR-</b></p> <p>(2) The dose and duration of treatment is supported by one of the following compendia:</p>
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- (a) American Hospital Formulary Service (AHFS) Compendia
- (b) Thomson Reuters (Healthcare) Micromedex/DrugDex (not Drug Points) Compendium
- (c) Elsevier Gold Standards Clinical Pharmacology Compendium
- (d) National Comprehensive Cancer Network Drugs and Biologics Compendium

**-AND-**

- c. The requested quantity of the medication is appropriate for the body surface area being treated and for the days supply being requested (document body surface area being treated and dosing instructions).

**Authorization will be issued for 12 months**

<sup>a</sup> 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:**

- Drug specific Exclusions, Supply limits, Prior Authorization/Notification or Medical Necessity, and/or Step Therapy may be in place

**4. References:**

N/A

Program	Prior Authorization/Notification – Topical Products
<b>Change Control</b>	
Date	Change
11/2020	New program.
11/2021	Annual review. No changes.
12/2022	Annual review. Added state mandate footnote.
1/2024	Annual review. No changes.
3/2025	Annual review. No changes.
3/2026	Annual review. No changes.