

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 3159-1
Program	Step Therapy – Essential PDL Only
Medication	Aemcolo (rifamycin)
P&T Approval Date	9/1/2021
Effective Date	12/1/2021; Oxford: N/A

1. Background:

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try the lower cost alternatives before coverage will be provided for Aemcolo.

2. Coverage Criteria^a:

A. Authorization

1. **Aemcolo** will be approved based on the following criteria:
 - a. History of failure, contraindication, or intolerance to **ONE** of the following (list reason for therapeutic failure, contraindication, or intolerance):
 - (a) azithromycin
 - (b) ciprofloxacin

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 be in place

4. References:

1. Aemcolo [package insert]. San Diego, CA: Aries Pharmaceuticals, Inc. February 2020.

Program	Step Therapy – Essential PDL Only - Aemcolo
Change Control	
Date	Change
9/2021	New program