

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2025 P 3088-11
Program	Step Therapy – Essential PDL Only
Medication	Cipro <sup>®</sup> HC (ciprofloxacin/hydrocortisone)
P&T Approval Date	10/2016, 3/2017, 3/2018, 3/2019, 3/2020, 3/2021, 3/2022, 4/2023, 4/2023, 5/2025
Effective Date	8/1/2025

**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 Cipro HC.

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

<p>A. <b>Cipro HC</b> will be approved based on the following criteria:</p> <ol style="list-style-type: none"> <li>1. History of failure, contraindication, or intolerance to <b>ONE</b> of the following (list reason for therapeutic failure, contraindication, or intolerance): <ol style="list-style-type: none"> <li>a. ofloxacin otic or ophthalmic formulation administered in the ear</li> <li>b. ciprofloxacin otic or ophthalmic formulation administered in the ear</li> </ol> </li> </ol> <p style="text-align: center;"><b>Authorization will be issued for 12 months</b></p> <p><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.</p>
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**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. Cipro HC [Package Insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation.; August 2020.

Program	Step Therapy –Cipro HC
<b>Change Control</b>	
Date	Change
10/2016	New program.
1/2017	Administrative change. Clarified applies to Essential PDL only.
3/2017	Added Cipro HC as a target drug. Updated step one medications. State mandate reference language updated.
3/2018	Annual Review. No changes.
3/2019	Annual Review. No changes.
3/2020	Annual Review. Updated references.
3/2021	Annual Review. No changes.
3/2022	Annual Review. No changes.
4/2023	Removed Ciprodex from criteria.
4/2024	Annual Review. Updated references.
5/2025	Annual Review. No changes.