



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2022 P 3088-8
Program	Step Therapy – Essential PDL Only
Medication	Ciprodex (ciprofloxacin HCl/dexamethasone), Cipro HC (ciprofloxacin/hydrocortisone)
P&T Approval Date	10/2016, 3/2017, 3/2018, 3/2019, 3/2020, 3/2021, 3/2022
Effective Date	6/1/2022; 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 Ciprodex or Cipro HC.

2. Coverage Criteria ^a:

<p>A. Ciprodex or Cipro HC will be approved based on the following criteria:</p> <ol style="list-style-type: none">1. History of failure, contraindication, or intolerance to ONE of the following (list reason for therapeutic failure, contraindication, or intolerance):<ol style="list-style-type: none">a. ofloxacin otic or ophthalmic formulation administered in the earb. ciprofloxacin otic or ophthalmic formulation administered in the ear <p>Authorization will be issued for 12 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>
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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. Ciprodex [Package Insert]. Fort Worth, Tx: Alcon Laboratories Inc.; February 2019.
2. Cipro HC [Package Insert]. Fort Worth, Tx: Alcon Laboratories Inc.; March 2017.

Program	Step Therapy – Ciprodex/Cipro HC
Change Control	
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.