1. **Background:**

Solosec (secnidazole) is indicated for the treatment of bacterial vaginosis. Solosec is available as a two gram oral granule and should be taken as a single dose.

Step therapy programs are intended to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try an alternative antibacterial agent before providing coverage for Solosec.

2. **Coverage Criteria**:  

   **A. Initial Authorization**

   1. **Solosec** will be approved based on the following criterion:

      a. History of failure, contraindication or intolerance to **one** of following:

         1) clindamycin capsules (generic Cleocin)  
         2) clindamycin vaginal cream (generic Cleocin, Clindesse)  
         3) clindamycin vaginal suppository (Cleocin)  
         4) metronidazole tablets (generic Flagyl)  
         5) metronidazole vaginal gel (Metrogel-Vaginal)  
         6) tinidazole tablets (generic Tindamax)

      **Authorization will be issued for one 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:**


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