



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 3088-10
Program	Step Therapy – Essential PDL Only
Medication	Cipro [®] 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
Effective Date	7/1/2024

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 ^a:

A. Cipro HC will be approved based on the following criteria:

1. History of failure, contraindication, or intolerance to **ONE** of the following (list reason for therapeutic failure, contraindication, or intolerance):
 - a. ofloxacin otic or ophthalmic formulation administered in the ear
 - b. ciprofloxacin otic or ophthalmic formulation administered in the ear

Authorization will be issued for 12 months

^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. Cipro HC [Package Insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation.; August 2020.

Program	Step Therapy –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.
4/2023	Removed Ciprodex from criteria.
4/2024	Annual Review. Updated references.