



**UnitedHealthcare Individual & Family ACA Marketplace Plans  
Clinical Pharmacy Program Guidelines for Otic Agents**

Program	Step Therapy
Medication	ciprofloxacin/dexamethasone (generic Ciprodex) Otic
Issue Date	9/2020
Pharmacy and Therapeutics Approval Date	11/2022
Effective Date	2/2023

**1. Background:**

Ciprofloxacin/dexamethasone (generic Ciprodex) is an otic agent indicated for the treatment of acute otitis externa due to susceptible organisms.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try one alternative fluoroquinolone otic or ophthalmic agent administered in the ear prior to receiving coverage for ciprofloxacin/dexamethasone (generic Ciprodex).

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

**A. Ciprofloxacin/dexamethasone Otic** 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. Generic ofloxacin otic or generic ophthalmic formulation administered in the ear
  - b. Generic ciprofloxacin otic or generic ophthalmic formulation administered in the ear

**Authorization will be issued for 12 months**

<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.

**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.; November 2020.

Program	Step Therapy – Otic Agents
<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.
10/2020	Renamed policy to Otic Agents, revised background, and removed brand Cipro HC as a target drug.
11/2020	Updated ST alternatives to align build file and set up for UHC Value & Balance Exchange for 1/2021 implementation.
3/2021	Annual review. Reformatted drug name for clarity. Updated references.
9/2021	Review for 2022 implementation. Removed markets in scope and step therapy detailed definition. Updated brand/generic language to align with 2022 guidance.
11/2022	Annual review, no changes to clinical criteria. Updated reference.