Topical Anti-Inflammatories

Description

Alcortin A (iodoquinol and hydrocortisone), Aloquin (iodoquinol), Novacort (hydrocortisone and pramoxine)

Background

Alcortin A and Novacort are both corticosteroid containing products with anti-inflammatory and antipruritic effects that are used topically to decrease symptoms. Pruritus is a condition characterized as an itching sensation of the skin triggered by many chemical mediators. Aloquin contains an antifungal and antibacterial agent with possible action against tinea dermatoses and various forms of skin inflammation (1-4).

Regulatory Status

FDA-approved indications:

**Alcortin A and Aloquin** - Based on a review of a related drug by the National Research Council and subsequent FDA classification for that drug, the indications are as follows: “Possibly” Effective: Contact or atopic dermatitis; impetiginized eczema; nummular eczema; endogenous chronic infectious dermatitis; stasis dermatitis; pyoderma; nuchal eczema and chronic eczematoid otitis externa; acne urticata; localized or disseminated neurodermatitis; lichen simplex chronicus; anogenital pruritus (vulvae, scroti, ani); folliculitis; bacterial dermatoses; mycotic dermatoses such as tinea (capitis, cruris, corporis, pedis); moniliasis; intertrigo (3-4).

**Novacort** contains an antipruritic and anti-inflammatory with an anesthetic agent as well as aloe polysaccharides indicated for the topical treatment of pruritic and inflammatory presentations of dermatoses (2).
Safety and effectiveness of Alcortin A and Aloquin in patients under the age of 12 have not been established (3-4).

**Related policies**
Fluticasone powder, Mometasone powder

**Policy**

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Alcortin A and Aloquin may be considered medically necessary in patients 12 years of age or older with inflammatory or pruritic dermatoses and inadequate treatment response, intolerance, or contraindication to two of the following legend medications: hydrocortisone 1% (generic), silver nitrate, pramoxine /hydrocortisone (generic) and iodoquinol /hydrocortisone (generic); no dual therapy between Alcortin A, Aloquin and Novacort.

Novacort may be considered medically necessary in patients 2 years of age or older with inflammatory or pruritic dermatoses and inadequate treatment response, intolerance, or contraindication to two of the following legend medications: hydrocortisone 1% (generic), silver nitrate, pramoxine /hydrocortisone (generic) and iodoquinol /hydrocortisone (generic); no dual therapy between Alcortin A, Aloquin and Novacort.

Alcortin A and Aloquin are considered investigational in patients less than 12 years and for all other indications.

Novacort are considered investigational in patients less than 2 years and for all other indications.

**Prior-Approval Requirements**

**Alcortin A and Aloquin**

**Age**

12 years of age or older

**Novacort**

**Age**

2 years of age or older

**Diagnosis**
Patient must have the following:

Inflammtory or pruritic dermatoses (i.e. eczema, acne urticata, anogenital pruritus, diaper rash)

**AND** the following:
1. NO dual therapy between Alcortin A, Aloquin and Novacort
2. Inadequate treatment response, intolerance, or contraindication to **TWO** of the following legend medications:
   a. Hydrocortisone 1% (generic)
   b. Silver Nitrate
   c. Pramoxine / hydrocortisone (generic)
   d. Iodoquinol/hydrocortisone (generic)

**Prior – Approval Renewal Requirements**

**Alcortin A and Aloquin**

**Age**
12 years of age or older

**Novacort**

**Age**
2 years of age or older

**Diagnosis**

Patient must have the following:

Inflammtory or pruritic dermatoses (i.e. eczema, acne urticata, anogenital pruritus, diaper rash)

**AND ALL** of the following:
1. Improvement in symptoms
2. NO dual therapy between Alcortin A, Aloquin and Novacort

**Policy Guidelines**

**Pre - PA Allowance**
None

**Prior - Approval Limits**

**Duration**
3 months
Prior – Approval *Renewal Limits*

**Duration** 3 months

**Rationale**

**Summary**

Alcortin A and Novacort are corticosteroid containing products with anti-inflammatory and antipruritic effects that are used to treat corticosteroid-sensitive dermatoses. Aloquin contains an antimicrobial with possible action against tinea dermatoses and various forms of skin inflammation (1-4).

Prior approval is required to ensure the safe, clinically appropriate, and cost effective use of Alcortin A, Aloquin, and Novacort while maintaining optimal therapeutic outcomes.

**References**


**Policy History**

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**Keywords**

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 2, 2016 and is effective on January 1, 2017.

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