Topical Anti-Inflammatories

Description
Alcortin A (iodoquinol and hydrocortisone), 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 (1-3).

Regulatory Status
FDA-approved indications:
**Alcortin A** - 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).

**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 in patients under the age of 12 have not been established (3).
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 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 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 and Novacort.

Alcortin A is 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**

**Age** 12 years of age or older

**Novacort**

**Age** 2 years of age or older

**Diagnosis**

Patient must have the following:
Inflammatory or pruritic dermatoses (i.e. eczema, acne urticata, anogenital pruritus, diaper rash)

AND the following:
1. NO dual therapy between Alcortin A 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

Age 12 years of age or older

Novacort

Age 2 years of age or older

Diagnosis

Patient must have the following:

Inflammatory 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 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 (1-3).

Prior approval is required to ensure the safe, clinically appropriate, and cost effective use of Alcortin A 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 June 22, 2017 and is effective on July 1, 2017.