

## Commercial/Healthcare Exchange PA Criteria Effective: February 1, 2017

**Prior Authorization:** Alcortin-A

**Products Affected:** Alcortin-A (1% iodoquinol - 2% hydrocortisone) topical gel

**Medication Description:**

**Covered Uses:** 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.

**Exclusion Criteria:**

1. Patients with a history of hypersensitivity to hydrocortisone acetate, iodoquinol, aloe vera, glycine, histidine, lysine, palmitic acid

**Required Medical Information:**

1. Diagnosis
2. Previous medications tried/failed

**Age Restrictions:** N/A

**Prescriber Restrictions:** N/A

**Coverage Duration:** 12 months

**Other Criteria:**

- A. Patient has a diagnosis of inflammatory or pruritic dermatoses, corticosteroid responsive skin disorder; AND
- B. Patient has had an adequate trial and failure of at least FOUE (4) preferred topical steroid preparations (e.g. betamethasone, Clobetasol, desonide, fluocinolone, desoximetasone, hydrocortisone).

**References:**

1. Alcortin package insert, Novum Pharma, Chicago, IL

## Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	2/2017
2	Update	Moved to updated template Removed discontinued product Aloquin from policy	All	2/7/2020

