# Pharmacy Pre-Authorization Criteria

## Drug (s)

| Drug(s) | Alcortin-A (hydrocortisone/iodoquinol/aloe)  
Aloquin (aloe/iodoquinol) |

## Policy #

13145

## Indications

Based on a review of a related drug by the National Research Council and subsequent FDA classification for **Alcortin-A and Aloquin**, 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.

Final classification of the less-than-effective indications requires further investigation.

## Criteria

ConnectiCare considers **Alcortin and Aloquin** to be medically necessary when the following criteria are met:

1. Patient is diagnosed with a corticosteroid responsive skin disorder  
AND  
2. Patient has had adequate trials (of 2 weeks’ duration) of any **four** topical cortisone preparations  
AND  
3. Patient has had adequate trials (of 2 weeks’ duration) of Ala-Quin (hydrocortisone/clioquinol)

## References

1. Facts and Comparisons online  
2. Alcortin package insert, Novum Pharma, Chicago, IL  
3. Aloquin package insert, Novum Pharma, Chicago, IL

## P&T Review History

2/17, 8/17, 7/18

## Revision Record