TOPICAL ANTI-INFLAMMATORIES
 Alcortin A* (iodoquinol and hydrocortisone), Novacort (hydrocortisone and pramoxine)

*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

Pre - PA Allowance
None

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 submission of medical records (e.g. chart notes, laboratory values) documenting ALL of 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)

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

Prior - Approval Limits

Duration 3 months

Prior – Approval Renewal Requirements

Alcortin A
Age 12 years of age or older

Topical Anti-Inflammatories FEP Clinical Criteria
TOPICAL ANTI-INFLAMMATORIES

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

*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

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 submission of medical records (e.g. chart notes, laboratory values) documenting ALL of the following:

1. Improvement in symptoms
2. NO dual therapy between Alcortin A and Novacort

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

Prior - Approval Renewal Limits

Duration  3 months