

**Texas Prior Authorization Program
Clinical Criteria**

Topical Retinoids

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization

Clinical Criteria Information Included in this Document**Topical Retinoids**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Added GCNs for adapalene-bnzy perox (39163) and tazarotene (29221, 32178)

Updated references



Topical Retinoids

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
ADAPALENE 0.1% CREAM	29301
ADAPALENE 0.1% GEL	29300
ADAPALENE 0.3% GEL	98582
ADAPALENE 0.3% GEL PUMP	31773
ADAPALENE-BNZYL PEROX 0.3-2.5%	39163
ADAPALENE-BENZYL PEROX 0.1-2.5%	31775
AKLIEF 0.005% CREAM	46989
ALTRENO 0.05% LOTION	45194
ARAZLO 0.045% LOTION	47488
ATRALIN 0.05% GEL	22872
AVITA 0.025% CREAM	22882
AVITA 0.025% GEL	22871
CLINDA-TRETINOIN 1.2-0.025% GEL	97560
DIFFERIN 0.1% CREAM	29301
DIFFERIN 0.1% LOTION	28403
DIFFERIN 0.3% GEL PUMP	31773
EPIDUO 0.1-2.5% GEL PUMP	31775
EPIDUO FORTE 0.3-2.5% GEL PUMP	39163
FABIOR 0.1% FOAM	32178
RETIN-A MICRO PUMP 0.06% GEL	44075
TAZAROTENE 0.05% GEL	29221
TAZAROTENE 0.1% CREAM	85363
TAZAROTENE 0.1% FOAM	32178
TAZORAC 0.05% CREAM	85362
TAZORAC 0.05% GEL	29221
TAZORAC 0.1% CREAM	85363
TAZORAC 0.1% GEL	29222
TRETINOIN 0.01% GEL	22870

Drugs Requiring Prior Authorization	
Label Name	GCN
TRETINOIN 0.025% CREAM	22882
TRETINOIN 0.025% GEL	22871
TRETINOIN 0.05% CREAM	22880
TRETINOIN 0.05% GEL	22872
TRETINOIN 0.1% CREAM	22881
TRETINOIN GEL MICRO 0.04% PUMP	31776
TRETINOIN GEL MICRO 0.04% TUBE	17443
TRETINOIN GEL MICRO 0.1% PUMP	31777
TRETINOIN GEL MICRO 0.1% TUBE	22874
ZIANA GEL	97560



Topical Retinoids

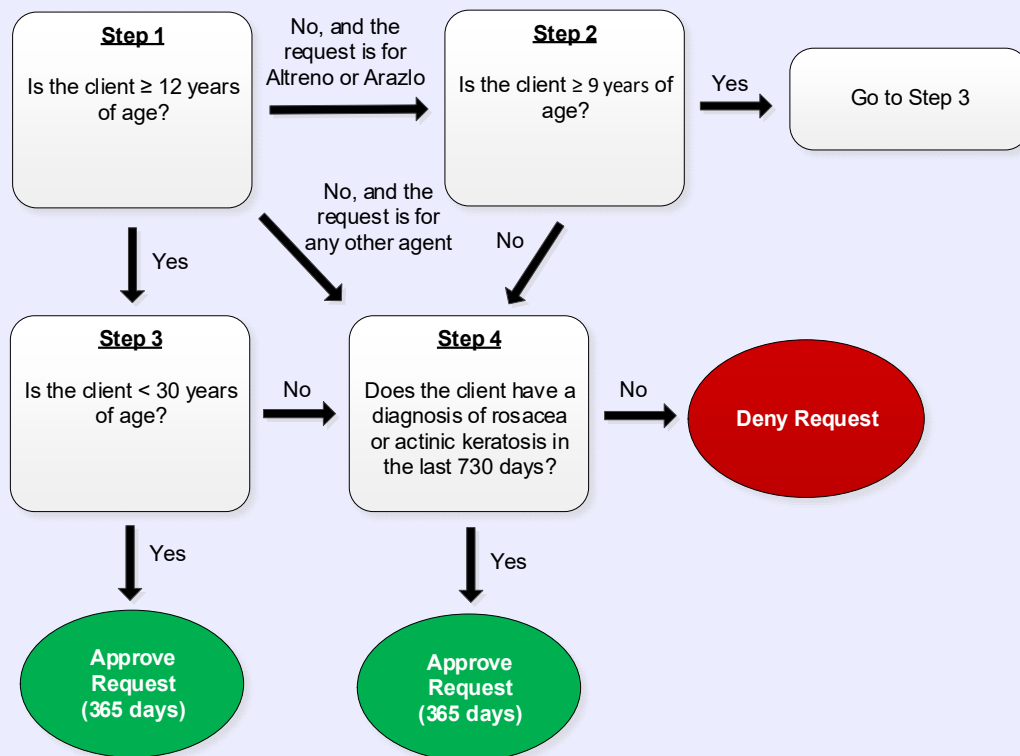
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 12 years of age?
 - Yes – Go to #3
 - No, and the request is for Altreno or Arazlo – Go to #2
 - No, and the request is for any other agent – Go to #4
2. Is the client greater than or equal to (\geq) 9 years of age?
 - Yes – Go to #3
 - No – Go to #4
3. Is the client less than ($<$) 30 years of age?
 - Yes – Approve (365 days)
 - No – Go to #4
4. Does the client have a diagnosis of rosacea or actinic keratosis in the last 730 days?
 - Yes – Approve (365 days)
 - No - Deny



Topical Retinoids

Clinical Criteria Logic Diagram





Topical Retinoids

Clinical Criteria Supporting Tables

Step 4 (diagnosis of rosacea or actinic keratosis) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
L710	PERIORAL DERMATITIS
L711	RHINOPHYMA
L718	OTHER ROSACEA
L570	ACTINIC KERATOSIS



Topical Retinoids

Clinical Criteria References

1. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2016 Feb 15.
2. Eichenfield LF, Krakowski AC, Piggot C, et al. Evidence-Based Recommendations for the Diagnosis and Treatment of Pediatric Acne. *Pediatrics*. 2013;131(3):163-186.
3. Titus S, Hodge J. Diagnosis and Treatment of Acne. *Am Fam Physician*. 2012;86(8):734-740
4. Graber E (2021) Treatment of acne vulgaris. In RP Dellavalle, MS Levy and MV Dahl (Ed), UpToDate. Accessed September 21, 2021.
5. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2024. Available at www.clinicalpharmacology.com. Accessed on January 30, 2024.
6. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on January 30, 2024.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/26/2018	Presented to the DUR Board
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table
07/15/2020	Added GCNs for Akliel and Altreno to drug table
07/19/2021	Added GCN for Arazlo (47488) to drug table
11/17/2021	Annual review by staff Updated age for Altreno and Arazlo to 9 years and older Updated references
02/23/2024	Annual review by staff Added GCNs for adapalene-bnzyol perox (39163) and tazarotene (29221, 32178) Updated references