

**Texas Prior Authorization Program  
Clinical Criteria**

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**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**

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](http://TxVendorDrug.com/formulary/formulary-search).) on each 'Drug Requiring PA' table



## Topical Retinoids

### Drugs Requiring Prior Authorization

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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-BENZYL PEROX 0.1-2.5%	31775
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% GEL	29300
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
TAZAROTENE 0.1% CREAM	85363
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
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

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
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

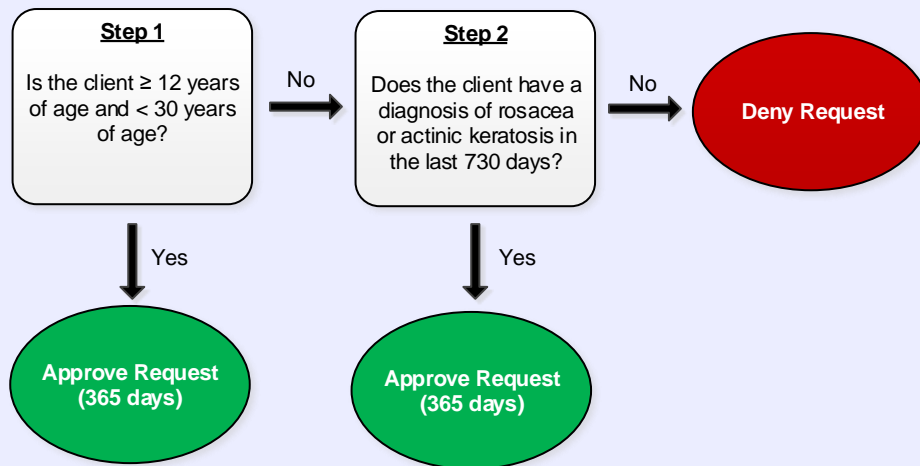
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 12 and less than ( $<$ ) 30 years of age?  
 Yes – Approve (365 days)  
 No – Go to #2
  
2. Does the client have a diagnosis of rosacea or actinic keratosis in the last 730 days?  
 Yes – Approve (365 days)  
 No - Deny



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## Clinical Criteria Logic Diagram





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### Clinical Criteria Supporting Tables

<b>Step 2 (diagnosis of rosacea or actinic keratosis)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
L710	PERIORAL DERMATITIS
L711	RHINOPHYMA
L718	OTHER ROSACEA
L570	ACTINIC KERATOSIS



## Topical Retinoids

### Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2017. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on January 26, 2018.
2. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2016 Feb 15.
3. 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.
4. Titus S, Hodge J. Diagnosis and Treatment of Acne. *Am Fam Physician*. 2012;86(8):734-740



## Topical Retinoids

### Publication History

#### 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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table