

**Texas Prior Authorization Program
Clinical Criteria**

Topical Acne Agents

Clinical Criteria Information Included in this Document

Topical Acne Agents

- **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
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **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 acne medication (28611), benzoyl peroxide wash (22984), clindamycin (20176), Dapsone (27312, 37634), and Lintera (22984)

Removed GCNs for Evoclin (23848) and ivermectin (37612)

Added GCN for adapalene-bnzyl perox (39163) to topical retinoid table

Updated references



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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
ACNE MEDICATION 10% GEL	22930
ACNE MEDICATION 10% LOTION	28610
ACNE MEDICATION 5% GEL	22931
ACNE MEDICATION 5% LOTION	28611
ACZONE 7.5% GEL PUMP	37634
AMZEEQ 4% FOAM	47159
AZELAIC ACID 15% GEL	19198
AZELEX 20% CREAM	62874
BENSAL HP 3% OINTMENT	01344
BENZACLIN GEL	08205
BENZACLIN GEL PUMP	99665
BENZEFOAM 5.3% EMOLLIENT FOAM	27596
BENZOYL PEROXIDE 10% GEL	22930
BENZOYL PEROXIDE 10% WASH	24673
BENZOYL PEROXIDE 10% WASH	22984
BENZOYL PEROXIDE 2.5% GEL	22932
BENZOYL PEROXIDE 5% GEL	22931
BENZOYL PEROXIDE 5% WASH	99676
CLEOCIN T 1% GEL	45410
CLEOCIN T 1% LOTION	31770
CLEOCIN T 1% PLEDGETS	45411
CLINDAMYCIN PH 1% FOAM	23848
CLINDAMYCIN PH 1% GEL	45410
CLINDAMYCIN PH 1% GEL	20176
CLINDAMYCIN PH 1% LOTION	31770
CLINDAMYCIN PH 1% PLEDGET	45411
CLINDAMYCIN PH 1% SOLUTION	31720
CLINDA-BENZOYL PEROX 1-5% PUMP	99665
CLIND PH-BENZOYL PERO 1.5-2.5%	29418

Drugs Requiring Prior Authorization	
Label Name	GCN
CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5%	98232
CLINDAMYCIN-BENZOYL PEROXIDE GEL	08205
DAPSONE 5% GEL	27312
DAPSONE 7.5% GEL PUMP	37634
DUAC 1.2-5% GEL	98232
ERY 2% PADS	31760
ERYGEL 2% GEL	31710
ERYTHROMYCIN 2% GEL	31710
ERYTHROMYCIN 2% PLEDGETS	31760
ERYTHROMYCIN 2% SOLUTION	77562
ERYTHROMYCIN-BENZOYL GEL	85400
FINACEA 15% FOAM	39274
FINACEA 15% GEL	19198
LINTERA 10% WASH	22984
METROCREAM 0.75% CREAM	43203
METROGEL TOPICAL 1% GEL	24926
METROGEL TOPICAL 1% PUMP	31774
METROLOTION TOPICAL 0.75%	43201
METRONIDAZOLE 0.75% CREAM	43203
METRONIDAZOLE TOPICAL 0.75% GL	43202
METRONIDAZOLE 0.75% LOTION	43201
METRONIDAZOLE TOPICAL 1% GEL	24926
METRONIDAZOLE TOPICAL 1% GEL	31774
SODIUM SULFACETAMIDE 10% LOTN	94446
SULFACETAMIDE SOD 10% TOP SUSP	94446



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Clinical Criteria Logic

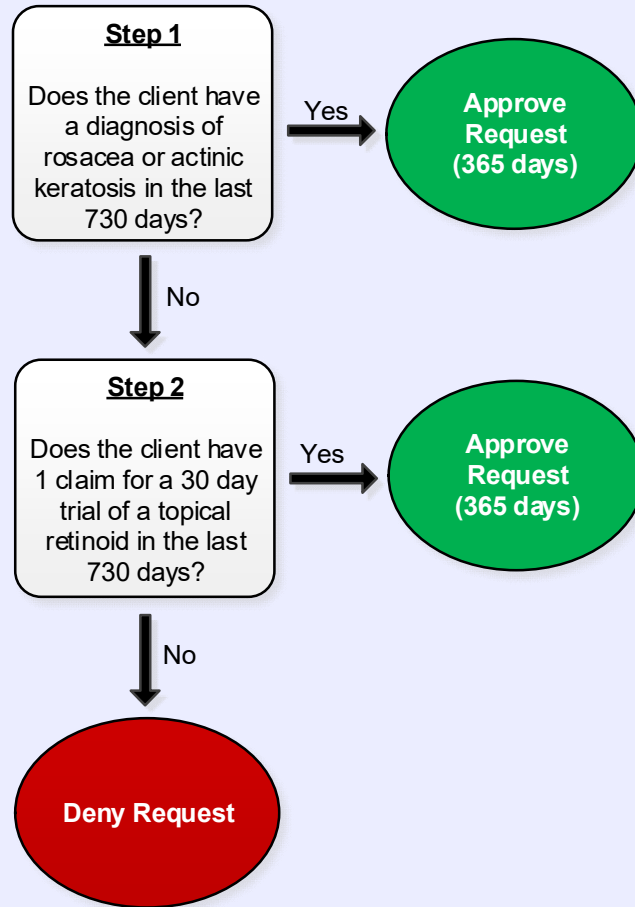
1. Does the client have a diagnosis of rosacea or actinic keratosis in the last 730 days?
 Yes – Approve (365 days)
 No – Go to #2

2. Does the client have 1 claim for a 30-day trial of a topical retinoid product 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

Step 1 (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

Step 2 (claim for a topical retinoid) Required quantity: 1 Look back timeframe: 365 days	
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 0.3-2.5%	39163
ADAPALENE-BNZYL PEROX 0.1-2.5%	31775
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%	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
FABIOR 0.1% FOAM	32178
RETIN-A MICRO PUMP 0.06% GEL	44075
TAZAROTENE 0.1% CREAM	85363

Step 2 (claim for a topical retinoid)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
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
TRETINOIN GEL MICRO 0.04% TUBE	17443
TRETINOIN GEL MICRO 0.1% PUMP	31777
TRETINOIN GEL MICRO 0.1% TUBE	22874
ZIANA GEL	97560



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Clinical Criteria References

1. 2015 ICD-10-CM Diagnosis Codes, Volume 1. 2015. Available at www.icd10data.com. Accessed on September 2, 2015.
2. Thiboutot D, Gollnick H, Bettoli V, et al. New insights into the management of acne: an update from the Global Alliance to Improve Outcomes in Acne group. *J Am Acad Dermatol*. 2009;60(5):S1-50.
3. Bickers DR, Lim HW, Margolis D, et al. The burden of skin diseases: 2004 a joint project of the American Academy of Dermatology Association and the Society for Investigative Dermatology. *J Am Acad Dermatol*. 2006;55(3):490-500.
4. Strauss JS, Krowchuck DP, Leyden JJ, et al. Guidelines of care for acne vulgaris management. *J Am Acad Dermatol*. 2007;56(4):651-663.
5. 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.
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7. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. *JAAD* May 2016;74(5):945-973.
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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
10/22/2015	Presented to the DUR Board
01/04/2016	Updated Question 2 in the Clinical Edit Criteria Logic. If the answer to question 2 is 'No', the result is 'Deny'
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
12/21/2020	Updated GCNs in drug table Updated GCNs in Table 2
02/01/2021	Added GCN for Benzefoam to drug table
07/19/2021	Added GCN for Amzeeq (47159) to drug table and GCN for Arazlo (47488) to step table 2
11/17/2021	Annual review by staff Added GCN for Finacea 15% Gel (19198) to drug table Updated references
12/03/2021	Added GCN for Ivermectin 1% cream (37612) to drug table
02/23/2024	Annual review by staff Added GCNs for acne medication (28611), benzoyl peroxide wash (22984), clindamycin (20176), Dapsone (27312, 37634), and Lintera (22984) Removed GCNs for Evoclin (23848) and ivermectin (37612) Added GCN for adapalene-bnzyl perox (39163) to topical retinoid table Updated references