

**Texas Prior Authorization Program  
Clinical Criteria**

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## **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**

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



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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](http://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
ACZONE 5% GEL	27312
AKNE-MYCIN 2% OINTMENT	31691
AZELEX 20% CREAM	62874
BENZACLIN GEL	08205
BENZACLIN GEL PUMP	99665
BENZAMYCINPAK GEL	15168
BENZOYL PEROXIDE 10% GEL	22930
BENZOYL PEROXIDE 2.5% GEL	22932
BENZOYL PEROXIDE 5% GEL	22931
BENZOYL PEROXIDE 5.3% FOAM	27596
BENZOYL PEROXIDE 9.8% FOAM	29303
BPO 4% GEL	22935
BPO 8% GEL	22936
CLEOCIN T 1% GEL	45410
CLEOCIN T 1% LOTION	31770
CLEOCIN T 1% PLEDGETS	45411
CLEOCIN T 1% SOLUTION	31720
CLINDAMAX 1% LOTION	31770
CLINDAMYCIN PH 1% FOAM	23848
CLINDAMYCIN PH 1% GEL	45410
CLINDAMYCIN PH 1% LOTION	31770
CLINDAMYCIN PH 1% PLEDGET	45411
CLINDAMYCIN PH 1% SOLUTION	31720
CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5%	98232
CLINDAMYCIN-BENZOYL PEROXIDE GEL	08205
DUAC 1.2-5% GEL	98232
ERY 2% PADS	31760

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
ERYTHROMYCIN 2% GEL	31710
ERYTHROMYCIN 2% PLEDGETS	31760
ERYTHROMYCIN 2% SOLUTION	77562
ERYTHROMYCIN-BENZOYL GEL	85400
FINACEA 15% GEL	19198
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 TOPICAL 1% GEL	24926
METRONIDAZOLE TOPICAL 1% GEL	31774
SALICYLIC ACID 6% LOTION	79810
SULFACETAMIDE SOD 10% TOP SUSP	94446



## Topical Acne Agents

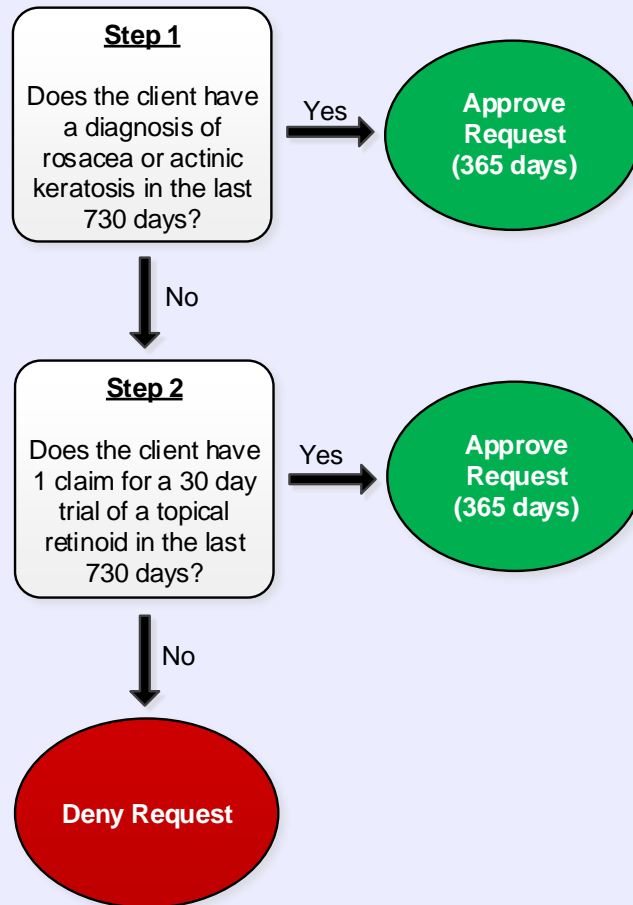
### Clinical Criteria Logic

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



# Topical Acne Agents

## Clinical Criteria Logic Diagram





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### Clinical Criteria Supporting Tables

<b>Step 1 (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

<b>Step 2 (claim for a topical retinoid)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
ADAPALENE 0.1% CREAM	29301
ADAPALENE 0.1% GEL	29300
ADAPALENE 0.3% GEL	98582
ADAPALENE 0.3% GEL PUMP	31773
ATRALIN 0.05% GEL	22872
AVITA 0.025% CREAM	22882
AVITA 0.025% GEL	22871
DIFFERIN 0.1% CREAM	29301
DIFFERIN 0.1% GEL	29300
DIFFERIN 0.1% LOTION	28403
DIFFERIN 0.3% GEL	98582
DIFFERIN 0.3% GEL PUMP	31773
EPIDUO 0.1-2.5% GEL	16098
EPIDUO 0.1-2.5% GEL PUMP	31775
FABIOR 0.1% FOAM	32178
PANRETIN 0.1% GEL	94350
RETIN-A 0.01% GEL	22870
RETIN-A 0.025% CREAM	22882
RETIN-A 0.025% GEL	22871
RETIN-A 0.1% CREAM	22881

<b>Step 2 (claim for a topical retinoid)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
RETIN-A MICRO 0.04% GEL	17443
RETIN-A MICRO 0.1% GEL	22874
RETIN-A MICRO PUMP 0.04% GEL	31776
RETIN-A MICRO PUMP 0.1% GEL	31777
TARGRETIN 1% GEL	89921
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 0.1% 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
TRI-LUMA CREAM	15815
VELTIN GEL	97560
ZIANA GEL	97560



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### Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2015. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on September 2, 2015.
2. 2015 ICD-9-CM Diagnosis Codes, Volume 1. 2015. Available at [www.icd9data.com](http://www.icd9data.com). Accessed on September 2, 2015.
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4. 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.
5. 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.
6. Strauss JS, Krowchuck DP, Leyden JJ, et al. Guidelines of care for acne vulgaris management. *J Am Acad Dermatol*. 2007;56(4):651-663.
7. 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.
8. Titus S, Hodge J. Diagnosis and Treatment of Acne. *Am Fam Physician*. 2012;86(8):734-740





## Topical Acne Agents

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