

Drug/Drug Class

Topical Acne Agents

Clinical Criteria Information Included in this Document

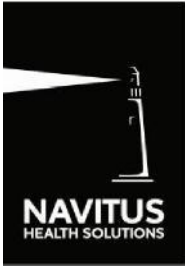
Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria

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



Prior Authorization Topical Acne Agents

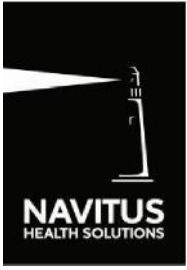
Drugs Requiring Prior Authorization

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.

Label Name
BENZACLIN GEL 1-5%PUMP
BENZACLIN GEL 1-5%
BENZEFOAM 5.3% EMOLLIENT FOAM
CLINDAMY/BEN GEL 1-5%
CLINDAMY/BEN GEL 1.2-5%
ERY/BENZOYL GEL 5-3%

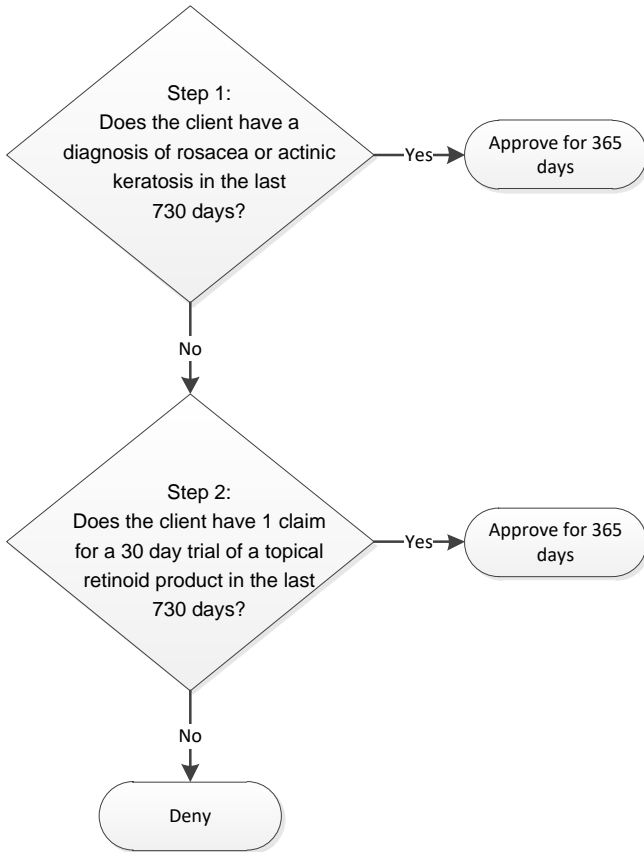
Clinical Edit Criteria Logic

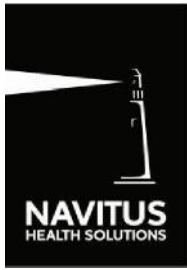
1. Does the client have a diagnosis of rosacea or actinic keratosis in the last 730 days? <input type="checkbox"/> Yes (Approve – 365 days) <input type="checkbox"/> No (Go to #2)
2. Does the client have 1 claim for a 30 day trial of a topical retinoid product in the last 730 days? <input type="checkbox"/> Yes (Approve – 365 days) <input type="checkbox"/> No (Deny)



Prior Authorization Topical Acne Agents

Clinical Edit Criteria Logic Diagram





Prior Authorization Topical Acne Agents

Clinical Edit 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-BNZZYL PEROX 0.1-2.5%	31775
ALTRENO 0.05% LOTION	45194
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
TAZORAC 0.05% CREAM	85362
TAZORAC 0.05% GEL	29221



Prior Authorization Topical Acne Agents

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



Prior Authorization Topical Acne Agents

Clinical Edit Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2015. Available at www.clinicalpharmacology.com. Accessed on September 2, 2015.
2. 2015 ICD-9-CM Diagnosis Codes, Volume 1. 2015. Available at www.icd9data.com. Accessed on September 2, 2015.
3. 2015 ICD-10-CM Diagnosis Codes, Volume 1. 2015. Available at www.icd10data.com. Accessed on September 2, 2015.
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):163186.
8. Titus S, Hodge J. Diagnosis and Treatment of Acne. Am Fam Physician. 2012;86(8):734-740

Publication History

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'
07/01/2017	Updated NDCs included in edit
5/10/2019	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
4/05/2021	Added GCN for Benzefoam to drug table