Topical Acne Agents
Clinical Edit Criteria

Drug/Drug Class:

Topical Acne Agents

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. This clinical edit criteria applies to all Superior HealthPlan STAR, STAR Health, STAR Kids, STAR+PLUS and CHIP members. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit by removing a number of generic treatment alternatives from list of drugs requiring prior authorization. Adjusted criteria steps are outlined/highlighted in yellow.

The original clinical edit can be referenced at the Texas Vendor Drug Program website located at https://paxpress.txpa.hidinc.com/Topical%20Acne%20Agents.pdf.

Clinical Edit 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 edit criteria logic.
- Diagnosis codes or drugs in step logic: a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable

Please note: All tables are provided by original Texas Vendor Drug Program Topical Acne Agents Edit.

Drugs Requiring Prior Authorization Topical Acne Agents:

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~~
~~ACZONE 5% GEL~~	~~27312~~
ACZONE 7.5% GEL PUMP	37634
~~AKNE-MYCIN 2% OINTMENT~~	~~31691~~
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~~
~~BENZAMYCINPAK GEL~~	~~15168~~
~~BENZOYL PEROXIDE 10% GEL~~	~~22930~~
~~BENZOYL PEROXIDE 10% WASH~~	~~24673~~
~~BENZOYL PEROXIDE 2.5% GEL~~	~~22932~~
~~BENZOYL PEROXIDE 5% GEL~~	~~22931~~
~~BENZOYL PEROXIDE 5% WASH~~	~~99676~~
~~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~~
CLINDA-BENZOYL PEROX 1-5% PUMP	99665
~~CLIND PH-BENZOYL PERO 1.5-2.5%~~	~~29418~~
CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5%	98232
CLINDAMYCIN-BENZOYL PEROXIDE GEL	08205
DUAC 1.2-5% GEL	98232
Drugs Requiring Prior Authorization	
Label Name	**GCN**
ERY 2% PADS	31760
~~ERYGEL 2% GEL~~	~~31710~~
ERYTHROMYCIN 2% GEL	31710
ERYTHROMYCIN 2% PLEDGETS	31760
~~ERYTHROMYCIN 2% SOLUTION~~	~~77562~~
ERYTHROMYCIN-BENZOYL GEL	85400
EVOCLIN 1% FOAM	23848
FINACEA 15% FOAM	39274
~~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 0.75% LOTION	43201
METRONIDAZOLE TOPICAL 1% GEL	24926
METRONIDAZOLE TOPICAL 1% GEL	31774
~~SALICYLIC ACID 6% LOTION~~	~~79810~~

SODIUM SULFACETAMIDE 10% LOTN	94446
SULFACETAMIDE SOD 10% TOP SUSP	94446

Superior HealthPlan Clinical Criteria Logic Topical Acne Agents:

1. Does the client have a diagnosis of rosacea or actinic keratosis in the last 730 days?

[ ] Yes – Approve (365 days)

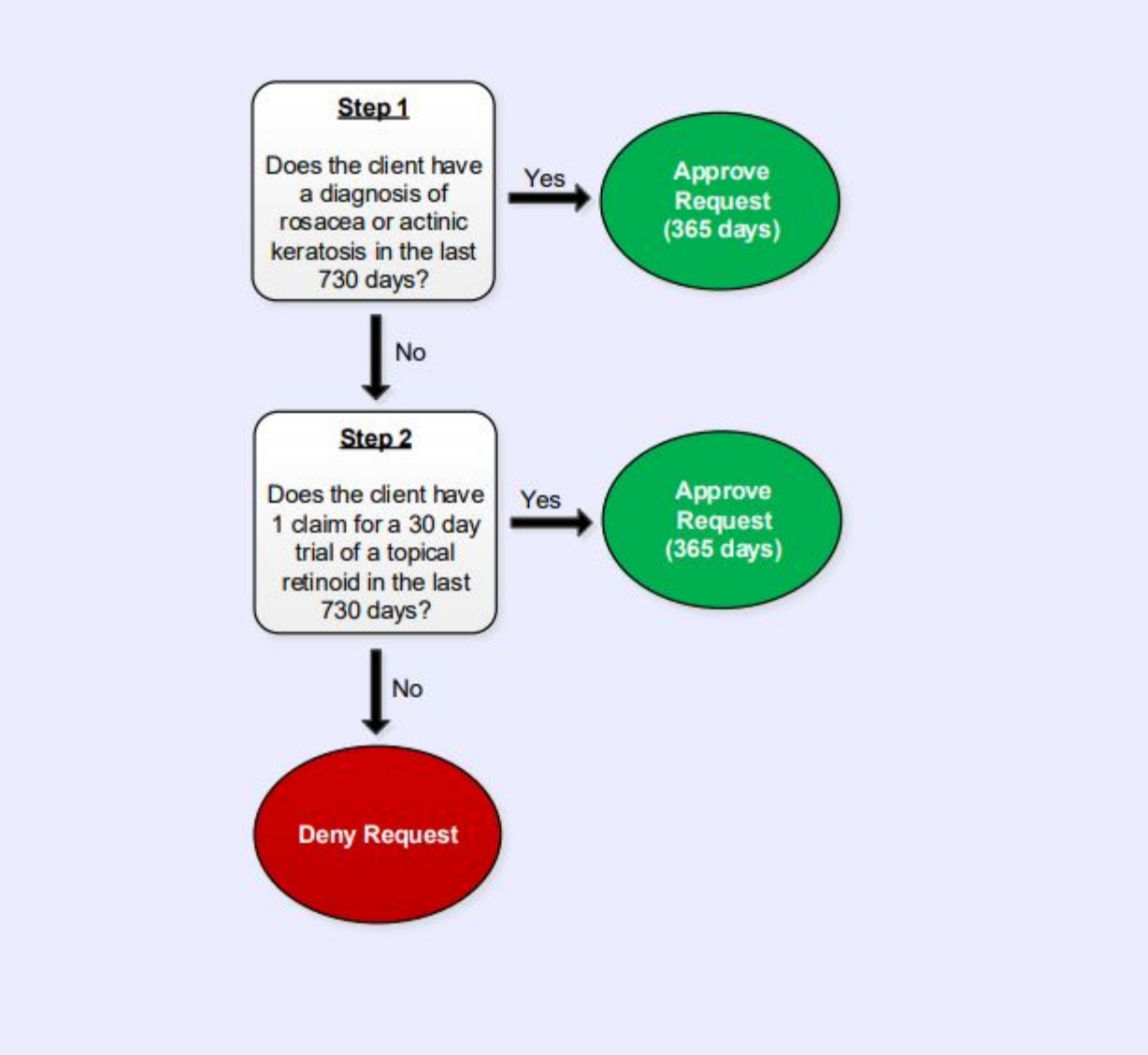
[ ] No – Go to #2

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

Superior HealthPlan Clinical Edit Logic Diagram Topical Acne Agents:



Clinical Criteria Supporting Tables:

Step 1 (diagnosis of severe renal impairment) Required diagnosis: 1 Look back timeframe: 365 days	
~~**ICD-9 Code**~~	~~**Description**~~
~~6953~~	~~ROSACEA~~
~~7020~~	~~ACTINIC KERATOSIS~~
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 0.1-2.5%	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~~	~~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~~
~~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~~
RETIN-A MICRO PUM 0.06% GEL	44075
~~TARGRETIN 1% GEL~~	~~89921~~
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
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

Clinical 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):163-186.

8. Titus S, Hodge J. Diagnosis and Treatment of Acne. Am Fam Physician. 2012;86(8):734-740

Publication History:

Publication	Notes
05/20/2019	Criteria created and cross referenced to VDP criteria.
04/13/2020	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. Removed ICD-9 codes from Step 1 table.
4/20/21	Updated GCNs in drug table Updated GCNs in Table 2