



# 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](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	22934
ACZONE 7.5% GEL PUMP	37634
AMZEEQ 4% FOAM	47159
AZELAIC ACID 15% GEL	19198
AZELEX 20% CREAM	62874
BENSAL HP 3% OINTMENT	01344
BENZAACLIN GEL	08205
BENZAACLIN GEL PUMP	99665
BENZEFOAM 5.3% EMOLLIENT FOAM	27596
BENZOYL PEROXIDE 10% GEL	22930
BENZOYL PEROXIDE 10% WASH	24673
BENZOYL PEROXIDE 2.5% GEL	22932
BENZOYL PEROXIDE 5% GEL	22934
BENZOYL PEROXIDE 5% WASH	99676
CLEOCIN T 1% GEL	45410
CLEOCIN T 1% LOTION	31770
CLEOCIN T 1% PLEDGETS	45414
CLINDAMYCIN PH 1% FOAM	23848
CLINDAMYCIN PH 1% GEL	45410
CLINDAMYCIN PH 1% LOTION	31770
CLINDAMYCIN PH 1% PLEDGET	45414
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
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
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

## 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)

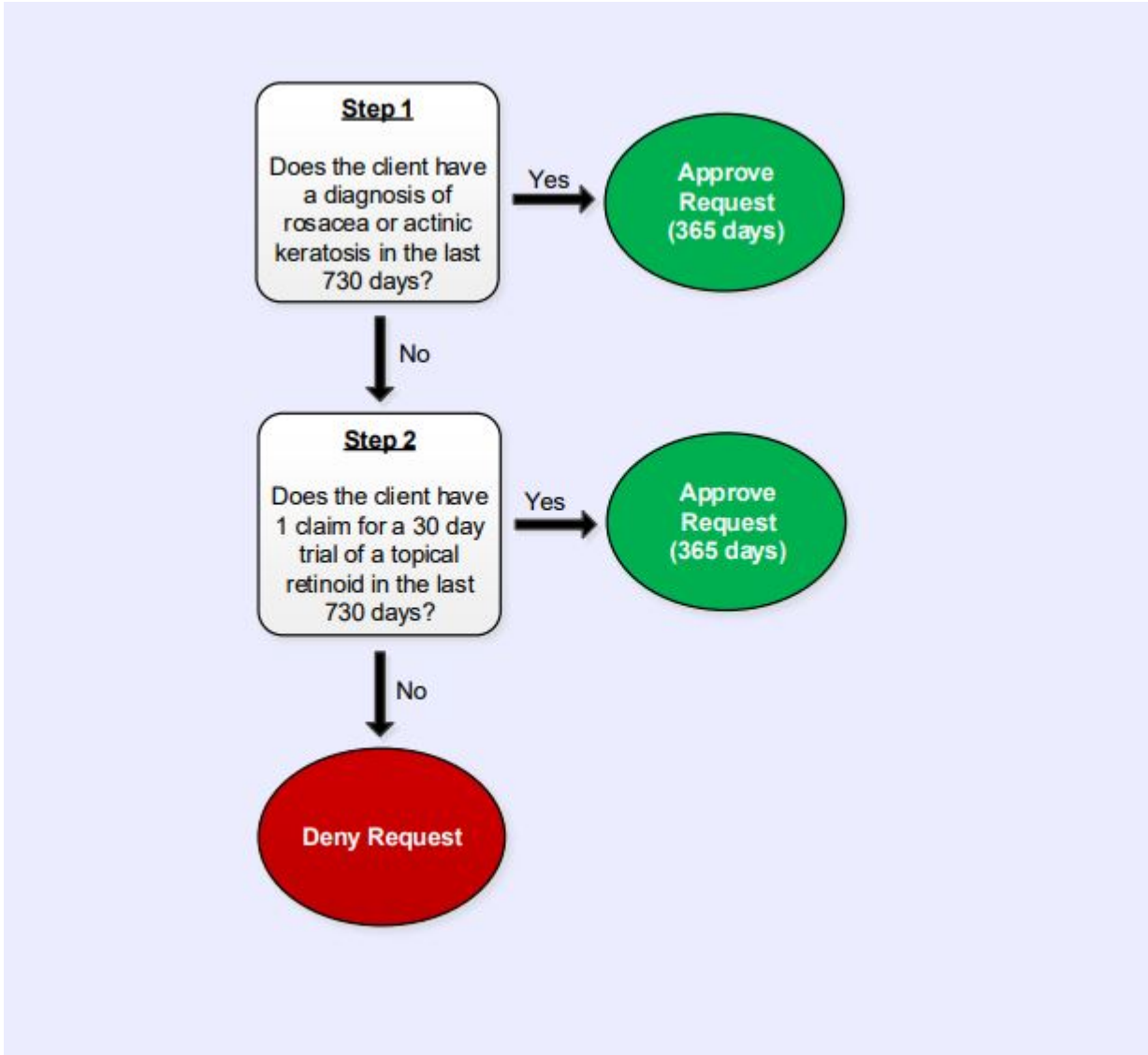
No – Go to #2

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:**

<b>Step 1 (diagnosis of severe renal impairment)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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
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 PUM 0.06% GEL	44075
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
ZIANA GEL	97560

## 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.
3. 2015 ICD-10-CM Diagnosis Codes, Volume 1. 2015. Available at [www.icd10data.com](http://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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) 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
8/16/21	Added GCN for Amzeeq (47159) to drug table and GCN for Arazlo (47488) to step 2 table
12/1/21	Updated Step 2 Table to match VDP criteria.