Texas Prior Authorization Program
Clinical Criteria

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); provided when applicable
- References: clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Added GCN for sod sulfacet-sulfur (44309) to the Drugs Requiring PA table

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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
GCN	**Label Name**
22930	ACNE MEDICATION 10% GEL
28610	ACNE MEDICATION 10% LOTION
28611	ACNE MEDICATION 5% LOTION
22931	ACNE MEDICATION 5% GEL
37634	ACZONE 7.5% GEL PUMP
47159	AMZEEQ 4% FOAM
19198	AZELAIC ACID 15% GEL
62874	AZELEX 20% CREAM
01344	BENSAL HP 3% OINTMENT
85400	BENZAMYCIN GEL
22930	BENZOYL PEROXIDE 10% GEL
24673	BENZOYL PEROXIDE 10% WASH
22984	BENZOYL PEROXIDE 10% WASH
22932	BENZOYL PEROXIDE 2.5% GEL
22931	BENZOYL PEROXIDE 5% GEL
99676	BENZOYL PEROXIDE 5% WASH
45410	CLEOCIN T 1% GEL
31770	CLEOCIN T 1% LOTION
23848	CLINDAMYCIN PH 1% FOAM
45410	CLINDAMYCIN PH 1% GEL

Drugs Requiring Prior Authorization	
GCN	**Label Name**
31770	CLINDAMYCIN PH 1% LOTION
45411	CLINDAMYCIN PH 1% PLEDGET
31720	CLINDAMYCIN PH 1% SOLUTION
20176	CLINDAMYCIN PHOSPHATE 1% GEL
99665	CLINDAMYCIN-BNZ PEROX 1-5% PMP
29418	CLIND PH-BENZOYL PERO 1.5-2.5%
37564	CLINDAMYC-BNZ PEROX 1.2-3.75%
98232	CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5%
08205	CLINDAMYCIN-BENZOYL PEROX 1-5%
27312	DAPSONE 5% GEL
37634	DAPSONE 7.5% GEL PUMP
98232	DUAC 1.2-5% GEL
31760	ERY 2% PADS
31710	ERYGEL 2% GEL
31710	ERYTHROMYCIN 2% GEL
31760	ERYTHROMYCIN 2% PLEDGETS
77562	ERYTHROMYCIN 2% SOLUTION
85400	ERYTHROMYCIN-BENZOYL GEL
39274	FINACEA 15% FOAM
19198	FINACEA 15% GEL
43203	METROCREAM 0.75% CREAM
24926	METROGEL TOPICAL 1% GEL
31774	METROGEL TOPICAL 1% PUMP
43201	METROLOTION TOPICAL 0.75%

Drugs Requiring Prior Authorization	
GCN	**Label Name**
43203	METRONIDAZOLE 0.75% CREAM
43202	METRONIDAZOLE TOPICAL 0.75% GL
43201	METRONIDAZOLE 0.75% LOTION
24926	METRONIDAZOLE TOPICAL 1% GEL
44309	SOD SULFACET-SULFUR 10-1% EMUL
94446	SODIUM SULFACETAMIDE 10% LOTN
94446	SULFACETAMIDE SOD 10% TOP SUSP

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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 365 days?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

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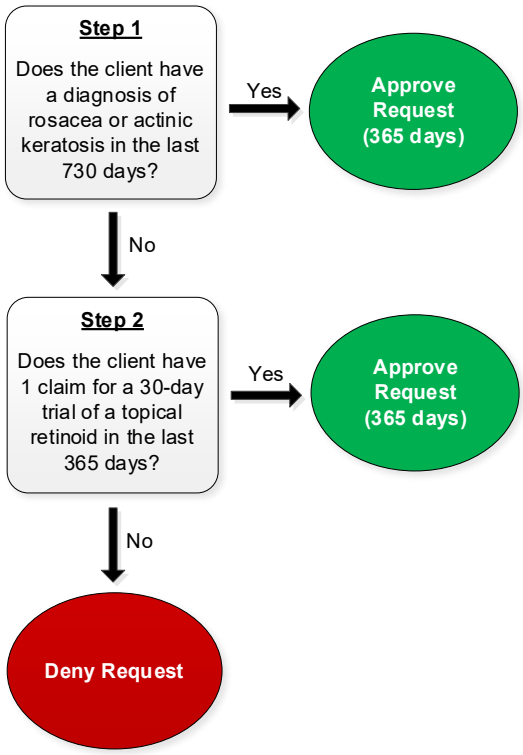
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Table 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

Table 2 (claim for a topical retinoid) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
29301	ADAPALENE 0.1% CREAM
29300	ADAPALENE 0.1% GEL
98582	ADAPALENE 0.3% GEL
31773	ADAPALENE 0.3% GEL PUMP
31775	ADAPALENE-BNZYL PEROX 0.1-2.5%
39163	ADAPALENE-BNZYL PEROX 0.3-2.5%
46989	AKLIEF 0.005% CREAM
45194	ALTRENO 0.05% LOTION
47488	ARAZLO 0.045% LOTION
22872	ATRALIN 0.05% GEL
22882	AVITA 0.025% CREAM

Table 2 (claim for a topical retinoid) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
22871	AVITA 0.025% GEL
54904	CABTREO 1.2%-0.15%-3.15% GEL
97560	CLINDA-TRETINOIN 1.2-0.025%
29301	DIFFERIN 0.1% CREAM
29300	DIFFERIN 0.1% GEL
28403	DIFFERIN 0.1% LOTION
31773	DIFFERIN 0.3% GEL PUMP
98582	DIFFERIN 0.3% GEL
31775	EPIDUO 0.1-2.5% GEL PUMP
39163	EPIDUO FORTE 0.3-2.5% GEL PUMP
32178	FABIOR 0.1% FOAM
22870	RETIN-A 0.01% GEL
22882	RETIN-A 0.025% CREAM
22871	RETIN-A 0.025% GEL
22880	RETIN-A 0.05% CREAM
22881	RETIN-A 0.1% CREAM
17443	RETIN-A MICRO 0.04% GEL
22874	RETIN-A MICRO 0.1% GEL
31776	RETIN-A MICRO PUMP 0.04% GEL
44075	RETIN-A MICRO PUMP 0.06% GEL
36604	RETIN-A MICRO PUMP 0.08% GEL
31777	RETIN-A MICRO PUMP 0.1% GEL
29221	TAZAROTENE 0.05% GEL

Table 2 (claim for a topical retinoid) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
29222	TAZAROTENE 0.1% GEL
85362	TAZAROTENE 0.05% CREAM
85363	TAZAROTENE 0.1% CREAM
32178	TAZAROTENE 0.1% FOAM
85362	TAZORAC 0.05% CREAM
29221	TAZORAC 0.05% GEL
85363	TAZORAC 0.1% CREAM
29222	TAZORAC 0.1% GEL
22870	TRETINOIN 0.01% GEL
22882	TRETINOIN 0.025% CREAM
22871	TRETINOIN 0.025% GEL
22880	TRETINOIN 0.05% CREAM
22872	TRETINOIN 0.05% GEL
22881	TRETINOIN 0.1% CREAM
36604	TRETINOIN GEL MICRO 0.08% PUMP
31776	TRETINOIN GEL MICRO 0.04% PUMP
17443	TRETINOIN GEL MICRO 0.04% TUBE
31777	TRETINOIN GEL MICRO 0.1% PUMP
22874	TRETINOIN GEL MICRO 0.1% TUBE
97560	ZIANA GEL

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Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on August 16, 2025.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on August 16, 2025.
3. Graber E (2021) Treatment of acne vulgaris. In RP Dellavalle, MS Levy and MV Dahl (Ed), UpToDate. Accessed September 16, 2021.
4. Reynolds RV, Yeung H, Cheng CE, et al. Guidelines of care for the management of acne vulgaris. JAAD;90(5):1006.E31-1006.E30.
5. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on August 16, 2025.

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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
01/17/2025	• Annual review by staff • Added GCN for Cabtreo (54904) to topical retinoid table • Updated references
08/29/2025	• Annual review by staff

Publication Date	Notes
	• Added GCNs for Benzamycin gel (85400) and clindamycin-benzoyl peroxide (37564) to the Drugs Requiring PA table • Removed GCNs for Benzaclin (08205, 99665), Benzefoam (27596), Cleocin T (45411), and Lintera (22984) from the Drugs Requiring PA table – products discontinued • Added GCNs for Aklief (46989), Differin (98582), Epiduo-Forte (39163), Retin-A (22870, 22882, 22871, 22880, 22881, 17443, 22874, 31776, 36604, 31777), and tazarotene (29221, 29222, 85362, 32178) to the Topical Retinoid supporting table • Removed GCNs for Avita (22871) and Differin (28403) from the Topical Retinoid supporting table – products discontinued • Updated references
12/01/2025	• Added GCN for sod sulfacet-sulfur (44309) to the Drugs Requiring PA table