Bactroban/Centany (mupirocin)
Policy Number: C8409-A

CRITERIA EFFECTIVE DATES:

ORIGINAL EFFECTIVE DATE	LAST REVIEWED DATE	NEXT REVIEW DATE
11/1/2015	3/1/2019	3/1/2020
J CODE	**TYPE OF CRITERIA**	**LAST P&T APPROVAL**
NA	RxPA	Q2 2019

PRODUCTS AFFECTED:
Bactroban (mupirocin calcium cream), mupirocin calcium cream, mupirocin ointment, Centany (mupirocin ointment), Bactroban nasal ointment

DRUG CLASS:
Antibiotics - Topical

ROUTE OF ADMINISTRATION:
External

PLACE OF SERVICE:
Retail Pharmacy

AVAILABLE DOSAGE FORMS:
Bactroban Nasal OINT 2%, Mupirocin OINT 2%, Centany OINT 2%, Centany AT KIT 2%
Bactroban CREA 2%, Mupirocin Calcium CREA 2%

FDA-APPROVED USES:
Mupirocin 2% ointment is indicated for the treatment of impetigo due to Staphyloccoccus aureus and Streptococcus pyogenes.
Mupirocin 2% cream is indicated for the treatment of secondarily infected traumatic skin lesions (up to 10 cm in length or 100 cm2 in area) caused by susceptible strains of S. aureus and Streptococcus pyogenes.

BACTROBAN (mupirocin) Nasal Ointment 2%: Eradication of nasal colonization with methicillin-resistant S. aureus in adult patients and health care workers as part of a comprehensive infection control program to reduce infection risk among patients at high risk of methicillin-resistant S. aureus infection during institutional outbreaks of infections with this pathogen.

COMPENDIAL APPROVED OFF-LABELED USES: None

COVERAGE CRITERIA: INITIAL AUTHORIZATION

DIAGNOSIS: impetigo, secondarily infected traumatic skin lesion and eradication of nasal colonization of MRSA

REQUIRED MEDICAL INFORMATION:
A. FOR ALL INDICATIONS:
   1. Documentation of a trial/failure or labeled contraindication to a 5 day course of mupirocin ointment 2% within the last 28 days
      AND

2. FOR BACTROBAN NASAL OINT: Documentation of need for MRSA prophylaxis during an institutional MRSA outbreak for patients at high risk of infection; AND Request is for a quantity of ≤10 units for 5 days.

DURATION OF APPROVAL: BACTROBAN® (mupirocin) Nasal Ointment 2%: 5 days. All others: Initial authorization: 30 days, Continuation of therapy: NA

QUANTITY: None

PRESCRIBER REQUIREMENTS: No requirement

AGE RESTRICTIONS: None

GENDER:
Male and female

CONTINUATION OF THERAPY: NA

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION: All other uses of Bactroban/Centany (mupirocin) are considered experimental/investigational and therefore, will follow Molina's Off-Label policy.

OTHER SPECIAL CONSIDERATIONS: None

BACKGROUND: None

APPENDIX: None

REFERENCES:

1. Bactroban (mupirocin calcium) ointment [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; March 2017.
2. Bactroban (mupirocin calcium) cream [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; March 2017.
3. Stevens DL, et al. Practice Guidelines for the Diagnosis and Management of Skin and Soft-Tissue Infections: 2014 Updated by the Infectious Disease Society of America. Clin Infect Dis. 2014 Jul 15;59(2):e10-52.
4. Baddour LM. Impetigo. UptoDate,® accessed 2014 October; available from http://uptodate.com