

QUANTITY LIMIT PRIOR AUTHORIZATION CRITERIA

BRAND NAME

(generic)

BACTROBAN
(mupirocin calcium cream 2%)

CENTANY
(mupirocin ointment 2%)

Status: CVS Caremark Criteria

Type: Quantity Limit; Post Limit Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Bactroban

Mupirocin cream is indicated for the treatment of secondarily infected traumatic skin lesions (up to 10 cm in length or 100 cm² in an area) due to susceptible isolates of Staphylococcus aureus (S. aureus) and Streptococcus pyogenes (S. pyogenes).

Centany

Centany ointment is indicated for the topical treatment of impetigo due to: Staphylococcus aureus and Streptococcus pyogenes.

Compendial Uses

Complication of catheter – Infectious disease, Exit site; Prophylaxis³
Superficial bacterial infection of skin³

INITIAL QUANTITY LIMIT**

LIMIT CRITERIA

Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength

Drug	1 Month Limit and 3 Month Limit*
Bactroban (mupirocin calcium) cream	30 g / 25 days
Centany (mupirocin) ointment	30 g / 25 days

*The duration of 25 days is used for a 30-day fill period to allow time for refill processing.

* **These drugs are for short-term acute use; therefore, the mail limit will be the same as the retail limit.**

**If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of impetigo, superficial bacterial skin infections or prophylaxis of catheter exit-site infections AND
 - The request is for Centany (mupirocin) ointment

AND

- The requested drug is being prescribed to treat a body surface area that requires more than 30 grams in a month

OR

- The patient has a diagnosis of secondarily infected traumatic skin lesions AND
 - The request is for Bactroban (mupirocin calcium) ointment

AND

- The requested drug is being prescribed to treat a body surface area that requires more than 30 grams in a month

Quantity Limits apply.

REFERENCES

1. Bactroban [package insert]. Research Triangle Park, North Carolina: GlaxoSmithKline; May 2017.
2. Centrany [package insert]. Bronx, New York: Perrigo; November 2017.
3. Mupirocin ointment [package insert]. Melville, New York: Fougere Pharmaceuticals Inc.; March 2017.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed Month Year.
5. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed Month Year.
6. Stevens DL, Bisno AL, Chambers HF, et al: Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 Update by the Infectious Diseases Society of America. Clin Infect Dis 2014; 59(2):e10-e52.
7. American Academy of Dermatology: Topical Dermatologic Therapies: Basic Dermatology Curriculum. <https://www.aad.org/education/basic-derm-curriculum/suggested-order-of-modules/dermatologic-therapies>. Accessed April 2019.