# Pharmacy Medical Necessity Guidelines: Impetigo Medications

*Effective: April 14, 2020*

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|---|---|---|---|
| Prior Authorization Required | √ | Type of Review – Care Management | |
| Not Covered | | Type of Review – Clinical Review | √ |
| Pharmacy (RX) or Medical (MED) Benefit | RX | Department to Review | RXUM |

These pharmacy medical necessity guidelines apply to the following:

**Commercial Products**

☐ Tufts Health Plan Commercial products – large group plans
☐ Tufts Health Plan Commercial products – small group and individual plans
☐ Tufts Health Freedom Plan products – large group plans
☐ Tufts Health Freedom Plan products – small group plans
- CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

**Tufts Health Public Plans Products**

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan

**Fax Numbers:**
RXUM:
617.673.0988

**Note:** This guideline does not apply to Medicare Members (includes dual eligible Members).

## OVERVIEW

**FDA-APPROVED INDICATIONS**

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 $cm^2$ in area) caused by susceptible strains of *S. aureus* and *Streptococcus pyogenes.*

Retapamulin 1% ointment (Altabax) is indicated for the topical treatment of impetigo due to *Staphylococcus aureus* (methicillin-susceptible isolates only) or *Streptococcus pyogenes* in adults and children 9 months and older.

Ozenoxacin 1% cream (Xepi) is indicated for the topical treatment of impetigo due to *S. aureus* or *S. pyogenes* in adult and pediatric patents 2 months of age and older.

| Medication | Preferred Drug List Status | Quantity Limit |
|---|---|---|
| Mupirocin 2% ointment (generic Bactroban) | Covered | n/a |
| Mupirocin 2% ointment (Centany) | PA | n/a |
| Mupirocin 2% cream (generic Bactroban) | PA | 60 gram per Rx |
| Retapamulin 1% ointment (Altabax) | ST* | 30 gram per Rx |
| Ozenoxacin 1% cream (Xepi) | PA | 30 gram per Rx |

*Step therapy requires prior use of mupirocin ointment within the last 28 days

## COVERAGE GUIDELINES

The plan may authorize coverage of a non-preferred product indicated for impetigo for Members when **one** of the following criterions is met and limitations do not apply:

1. The Member had an insufficient response to at least a 5-day course of therapy with mupirocin ointment within the last 28 days

**OR**

2. The Member has a contraindication or has been intolerant to mupirocin ointment in the past, or the provider documents rationale for clinical inappropriateness of treatment with mupirocin ointment

## LIMITATIONS

1. Approval will be limited to one year.
2. Requests for brand-name products, which have AB-rated generics, will be reviewed according to the Brand Name criteria.

## CODES

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; February 2020.
3. Altabax (retapamulin) ointment [prescribing information]. Exton, PA: Almirall, SA; September 2019.
4. Xepi (ozenoxacin) cream [prescribing information]. Wayne, PA: Cutanea Life Sciences; January 2019.


## APPROVAL HISTORY

December 9, 2014: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

1. November 10, 2015: Incorporated a table with Preferred Drug List status; no changes in clinical content.
2. January 1, 2016: Administrative change to rebranded template.
3. November 15, 2016: Removed "requests for quantities that exceed the quantity limit will be reviewed according to the Drugs with Quantity Limitations criteria" from the limitations section. Added "requests for brand-name products, which have AB-rated generics, will be reviewed according to the Brand Name criteria" to the limitations section.
4. May 9, 2017: Administrative update, Adding Tufts Health RITogether to the template
5. November 14, 2017: No changes.
6. November 13, 2018: Administrative changes made to template.
7. May 6, 2019: Added Xepi (ozenoxacin) cream to Medical Necessity Guideline.
8. April 14, 2020: No changes.

## BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

Provider Services