

DEFINITIONS

N/A

PROCEDURE

Initial Authorization Criteria:

Must meet all criteria listed below:

- Must have documentation of a previous trial and failure to at least TWO generic topical antibiotics (e.g., mupirocin ointment, gentamicin cream)

Reauthorization Criteria:

- All mupirocin cream therapy attempts must meet initial authorization criteria.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as Initial
Quantity Level Limit	
N/A	

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Bactroban (mupirocin ointment) package insert. Research Triangle Park, NC; Glaxo-Smith Kline. 2017 Mar.
2. Bactroban (mupirocin cream) package insert. Research Triangle Park, NC: Glaxo-Smith Kline; 2017 Mar.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

Mupirocin Cream Step Therapy

POLICY NUMBER: RX.PA.466

REVISION DATE: 10/18

PAGE NUMBER: 3 of 3

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>New Policy</i>	<i>10/18</i>