

**Mupirocin Cream 2%
Bactroban Nasal 2%
Effective 06/19/2019**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

N/A

Coverage Guidelines

Authorization may be granted if the following drug specific criteria are met:

Mupirocin 2% cream

1. The Member has a diagnosis of impetigo **AND**
2. The Member has infected skin lesions due to susceptible strains of *Staphylococcus aureus* or *Streptococcus pyogenes* species **AND**
3. Patient experienced an inadequate response or intolerance to generic mupirocin ointment* for the current indication.

Bactroban (mupirocin) Nasal 2% Ointment[†]

1. The Member has a diagnosis is eradication of nasal colonization with *methicillin-resistant Staphylococcus aureus* (MRSA) **AND**
2. The Member experienced an inadequate response or intolerance to generic mupirocin ointment* for the current indication.

***Pharmacist's Notes:** mupirocin ointment is available without a prior authorization; however, mupirocin 2% cream and Bactroban Nasal ointment require a prior authorization.

[†]Although not FDA-approved for intranasal use, generic mupirocin ointment should be tried prior to the Bactroban nasal product. The mupirocin ointment contains PEG which can potentially cause a drying effect or stinging/irritation; the intranasal formulation is a non-PEG (paraffin-based) product.



Limitations

1. Approvals will be granted for a one-time fill within 7 days of authorization

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. Bactroban Nasal (mupirocin calcium) ointment [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; March 2017.
4. American Academy of Pediatrics. Antimicrobial agents and related therapy. In: Red Book: 2018 Report of the Committee on Infectious Diseases, 31st ed, Kimberlin DW, Brady MT, Jackson MA, Long SS (Eds), American Academy of Pediatrics, Itasca, IL 2018. p.903

Review History

05/15/08 – Implemented

02/25/08 – Reviewed

06/15/09 – Updated

06/21/10 – Reviewed

06/27/11 – Updated

06/25/12 – Reviewed

04/15/13 – Updated (Bactroban cream is now generic)

06/24/13 – Reviewed

06/23/14 – Reviewed

04/25/16 – Reviewed

06/27/16 – Reviewed

04/24/17 – Reviewed

06/26/17 – Reviewed

02/26/18 – Reviewed

06/25/18 – Reviewed

06/19/19 – Reviewed

09/22/2021 – Reviewed Sept P&T; no clinical updates; references updated

11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes

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