

QUANTITY LIMIT PRIOR AUTHORIZATION CRITERIA

BRAND NAME

(generic)

(mupirocin calcium cream)

CENTANY OINTMENT

(mupirocin)

Status: CVS Caremark Criteria

Type: Quantity Limit; Post Limit Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Mupirocin Calcium Cream

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

Centany Ointment

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; Prophylaxis⁵ (Centany only)
Superficial bacterial infection of skin⁵

INITIAL QUANTITY LIMIT***

LIMIT CRITERIA

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

<u>Drug</u>	<u>1 Month Limit*</u>	<u>3 Month Limit*</u>
Mupirocin calcium cream	30 gm / 25 days	Does Not Apply**
Centany (mupirocin) ointment	30 gm / 25 days	Does Not Apply**

* 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. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 3-month supplies filled.

***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 request is for mupirocin calcium CREAM **AND**

- The requested drug is being prescribed for the any of the following: A) treatment of secondarily infected traumatic skin lesions due to susceptible isolates of *Staphylococcus aureus* or *Streptococcus pyogenes*, B) superficial bacterial skin infections

OR

- The request is for mupirocin OINTMENT (Centany) **AND**
 - The requested drug is being prescribed for any of the following: A) impetigo due to *Staphylococcus aureus* or *Streptococcus pyogenes*, B) superficial bacterial skin infections, C) prophylaxis of catheter exit-site infections

AND

- The requested drug is not being used in a footbath

AND

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

Quantity Limits apply.

60 grams per 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. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 3-month supplies filled.*

REFERENCES

1. Mupirocin cream [package insert]. Bedminster, NJ: Alembic Pharmaceuticals, Inc.; November 2021.
2. Centany [package insert]. Fairfield, NJ: Medimetriks Pharmaceuticals, Inc.; May 2017.
3. Mupirocin ointment [package insert]. Mahwah, NJ: Glenmark Pharmaceuticals Inc., USA; August 2021.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed September 6, 2022.
5. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed September 6, 2022.
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 Work Group. Guidelines of care for the management of atopic dermatitis: Section 2. Management and treatment of atopic dermatitis with topical therapies. *J Am Acad Dermatol*. 2014;71:116-132.
8. U.S. Department of Health & Human Services. Burn Triage and Treatment – Thermal Injuries. Available at: <https://chemm.hhs.gov/burns.htm>. Accessed September 2, 2022.
9. Szeto CC, Li PK, Johnson DW, et al. ISPD Catheter-Related Infection Recommendations: 2017 Update. *Perit Dial Intl*. 2017;37(2):141-154.
10. O'Grady NP, Alexander M, Dellinger EP, et al. Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2002. Available at: <https://www.cdc.gov/infectioncontrol/guidelines/bsi/index.html>. Accessed September 6, 2022.
11. Centers for Disease Control and Prevention. Dialysis Safety Core Interventions. Available at: <https://www.cdc.gov/dialysis/prevention-tools/core-interventions.html>. Accessed September 7, 2022.