Overview
N/A

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

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

Bactroban (mupirocin) Nasal 2% Ointment†
- Patient has a diagnosis is eradication of nasal colonization with *methicillin-resistant Staphylococcus aureus* (MRSA) AND
- Patient 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

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

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