

Quantity Limit; Post Limit Prior Authorization Mupirocin

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
mupirocin calcium (all brands)	mupirocin calcium	cream
Centany	mupirocin	ointment

Indications

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*.

Compindial Uses

Complication of catheter – Infectious disease, Exit site; Prophylaxis⁵ (Centany only)

Superficial bacterial infection of skin⁵

Initial Quantity Limit

Initial Limit Quantity

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

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.

Drug	1 Month Limit	3 Month Limit
Mupirocin calcium cream	30 grams / 25 days	Does Not Apply
Centany (mupirocin) ointment	30 grams / 25 days	Does Not Apply

Coverage Criteria

Authorization may be granted for the requested drug when ALL of the following criteria are met:

- The requested drug is NOT being used in a footbath
- The requested drug is being prescribed to treat a body surface area that requires more than 30 grams in a one-month period
- The patient meets ONE of the following:
 - The request is for mupirocin calcium CREAM and the following criteria is met:
 - The requested drug is being prescribed for the ANY of the following: treatment of secondarily infected traumatic skin lesions due to susceptible isolates of Staphylococcus aureus or Streptococcus pyogenes, superficial bacterial skin infections
 - The request is for mupirocin OINTMENT (Centany) and the following criteria is met:
 - The requested drug is being prescribed for ANY of the following: impetigo due to Staphylococcus aureus or Streptococcus pyogenes, superficial bacterial skin infections, prophylaxis of catheter exit-site infections

Reference number(s)
2940-HJ

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.

Duration of Approval (DOA)

- 2940-HJ: DOA: 1 month

References

1. Mupirocin cream [package insert]. Bedminster, NJ: Alembic Pharmaceuticals, Inc.; December 2022.
2. Centany [package insert]. Fairfield, NJ: Medimetrix Pharmaceuticals, Inc.; June 2015.
3. Mupirocin ointment [package insert]. Mahwah, NJ: Glenmark Pharmaceuticals Inc., USA; August 2021.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed August 7, 2023.
5. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 08/07/2023).
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 August 21, 2023.
9. Chow KM, Li PKT, Cho Y, et al. ISPD Catheter-Related Infection Recommendations: 2023 Update. Perit Dial Intl. 2023;43(3):201-219.
10. O'Grady NP, Alexander M, Burns, LA, et al. Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011. Available at: <https://www.cdc.gov/infectioncontrol/guidelines/bsi/index.html>. Accessed August 21, 2023.