

Drug and Biologic Coverage Policy



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Coverage Policy Number IP0390

Mupirocin

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Related Coverage Resources

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for mupirocin 2% cream.

Medical Necessity Criteria

Coverage for mupirocin 2% cream varies across plans and may require the use of preferred products. Refer to the customer's benefit plan document for coverage details.

When coverage requires the use of preferred products, there is documentation of **ONE** of the following (A or B):

- A. The individual has had inadequate efficacy to the number of covered alternatives according to the table below.

OR

- B. The individual has a contraindication according to FDA label, significant intolerance, or is not a candidate* for the covered alternatives according to the table below.

**Note: Not a candidate due to being subject to a warning per the prescribing information (labeling), having a disease characteristic, individual clinical factor[s], other attributes/conditions, or is unable to administer and requires this dosage formulation*

Employer Group Non-Covered Products and Preferred Covered Alternatives by Drug List:

Non-Covered Product	Standard / Performance	Value / Advantage	Cigna Total Savings	Legacy
Mupirocin 2% cream	• mupirocin 2% ointment			

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Note: Receipt of sample product does not satisfy any criteria requirements for coverage.

Reauthorization Criteria

Mupirocin 2% cream is considered medically necessary for continued use when initial criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 12 months.

Reauthorization approval duration: up to 12 months.

Conditions Not Covered

Mupirocin 2% cream is considered experimental, investigational or unproven for **ANY** other use.

Background

OVERVIEW

Centany/mupirocin ointment are indicated for the topical treatment of impetigo due to *S. aureus* and *S. pyogenes*.^{2,3} (Note: There are no AB-rated generics to Centany at this time). Centany/mupirocin ointment are recommended to be applied to the affected area(s) three times a day (TID) or as directed by the physician. Centany/mupirocin ointment can be used in children ≥ 2 months of age.

Mupirocin 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 *S. aureus* and *S. pyogenes*.⁴ Mupirocin cream is to be applied to the affected area(s) TID for 10 days. Mupirocin cream can be used in patients ≥ 3 months of age.

Guidelines

The Infectious Diseases Society of America (IDSA) updated their practice guidelines for the diagnosis and management of skin and soft tissue infections in 2014.⁶ (Note: The guidelines were released prior to the approval of Xepi). The IDSA notes that either topical mupirocin or Altabax should be used for 5 days for the treatment of bullous and nonbullous impetigo. Topical treatment with mupirocin or Altabax is as effective as oral antimicrobials for impetigo. However, systemic therapy is preferred in patients with numerous lesions or in outbreaks affecting several people, to decrease transmission of infection. A 7-day regimen of an oral agent active against *S. aureus* is recommended unless cultures show streptococci alone (when oral penicillin is the recommended agent).

References

1. Centany® ointment [prescribing information]. Fairfield, NJ: Medimetrix Pharmaceuticals, Inc.; May 2017.
2. Facts and Comparisons® Online. Wolters Kluwer Health, Inc.; 2019. Available at: <http://online.factsandcomparisons.com/login.aspx?url=/index.aspx&q=>. Accessed on October 15, 2019. Search terms: mupirocin ointment.
3. Bactroban® cream [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; May 2017.
4. 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.

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