

ALASKA MEDICAID
Prior Authorization Criteria

Bactroban Cream[®] (mupirocin cream)

INDICATION

“BACTROBAN 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 strains of *S. aureus* and *S. pyogenes*.”

CRITERIA FOR APPROVAL

1. The patient is being treated for an infection suspected to be *S. aureus* or *S. pyogenes* susceptible to mupirocin; **AND**
2. The patient is unable to use mupirocin 2% ointment due to a documented allergy to one or more of the inactive ingredients present in the ointment formulation that are absent in the cream.

CRITERIA CAUSING DENIAL

1. The patient does not have a documented allergy to one or more of the inactive ingredients present in the ointment formulation.

REFERENCES / FOOTNOTES

1. Bactroban cream [package insert]. Research Triangle Park, NC; GlaxoSmithKline, May 2014.