

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Altabax (Retapamulin)

Clinical Criteria Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table



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Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
ALTABAX 1% OINTMENT	98373



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Clinical Criteria Logic

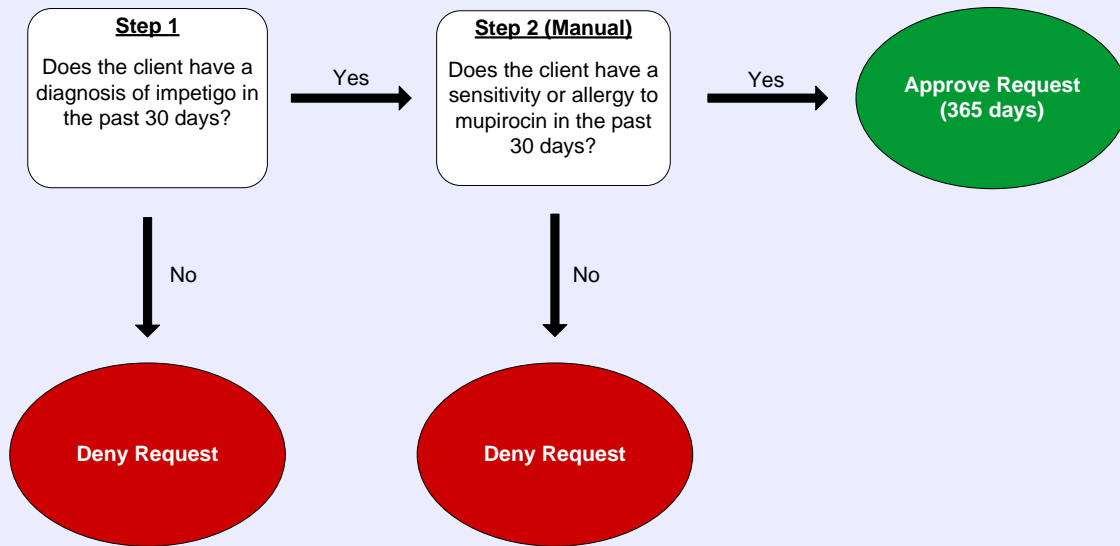
1. Does the client have a diagnosis of impetigo in the past 30 days?
 - Yes (Go to #2)
 - No (Deny)

2. Manual step – Does the client have a sensitivity or allergy to mupirocin in the past 30 days?
 - Yes (Approve – 365 days)
 - No (Deny)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 1 (diagnosis of impetigo) Required diagnosis: 1 Look back timeframe: 30 days	
ICD-10 Code	Description
L0100	IMPETIGO, UNSPECIFIED
L0101	NON-BULLOUS IMPETIGO
L011	IMPETIGINIZATION OF OTHER DERMATOSES
L0103	BULLOUS IMPETIGO
L0109	OTHER IMPETIGO
L0102	BOCKHART'S IMPETIGO



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Clinical Criteria References

1. Altabax® [package insert]. Research Triangle Park, NC: GlaxoSmithKline. 2007.
2. Impetigo and Ecthyma: Bacterial Skin Infections. Merck Manual Professional Edition. November 2005. Available at <http://www.merckmedicus.com>. Accessed on September 18, 2007.
3. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at www.icd9data.com. Accessed on April 3, 2015.
4. 2015 ICD-10-CM Diagnosis Codes. 2015. Available at www.icd10data.com. Accessed on April 3, 2015.
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7. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2015. Available at www.clinicalpharmacology.com. Accessed on March 4, 2016.
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9. Baddour LM. (2015) Impetigo. Summary and Recommendations. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed on March 4, 2016.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
10/13/2011	<ul style="list-style-type: none"> Added a new section to specify the drugs requiring prior authorization In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the diagnosis codes pertinent to step 1 of the logic diagram Modified the criteria logic and logic diagram to identify the steps that are executed manually
04/03/2015	<ul style="list-style-type: none"> Updated to include ICD-10s
05/27/2016	<ul style="list-style-type: none"> Updated references, page 6
03/21/2019	<ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table