

**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

Annual review by staff

Updated references



Altabax (Retapamulin)

Drugs Requiring Prior Authorization

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.

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



Altabax (Retapamulin)

Clinical Criteria Logic

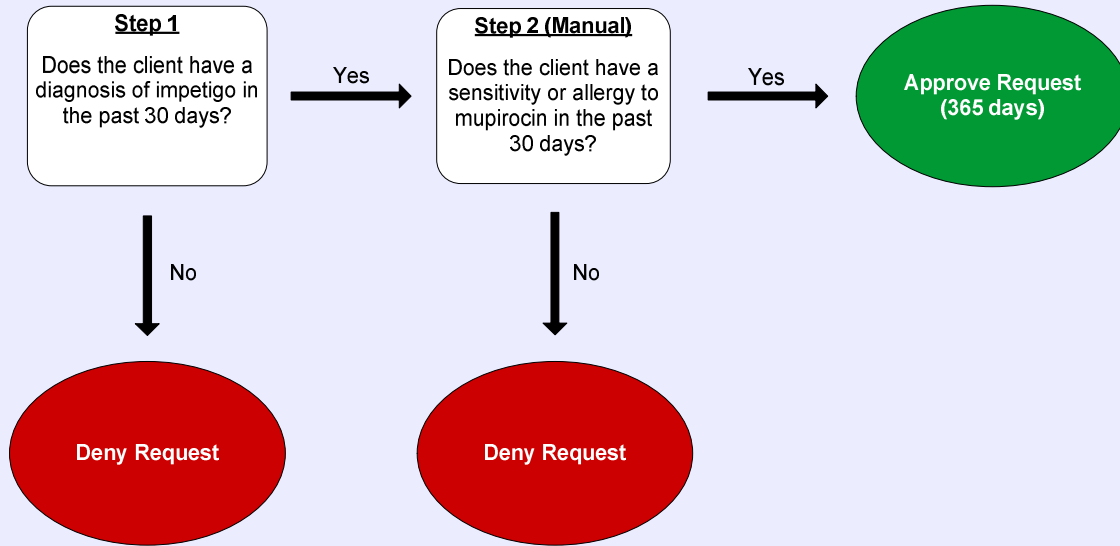
1. Does the client have a diagnosis of impetigo in the past 30 days?
 Yes (Go to #2)
 No (Deny)

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



Altabax (Retapamulin)

Clinical Criteria Logic Diagram





Altabax (Retapamulin)

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



Altabax (Retapamulin)

Clinical Criteria References

1. Altabax Prescribing Information. Exton, PA. Aqua Pharmaceuticals. May 2016.
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-10-CM Diagnosis Codes. 2015. Available at www.icd10data.com. Accessed on April 3, 2015.
4. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2022. Available at www.clinicalpharmacology.com. Accessed on May 13, 2022.
5. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on May 13, 2022.
6. Baddour LM. (2020) Impetigo. Summary and Recommendations. In: UpToDate, Sexton DJ, Kaplan SL, Rosen T (Ed), UpToDate, Waltham, MA. Accessed on May 13, 2022.

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
02/17/2021	<ul style="list-style-type: none"> Annual review by staff Updated references
07/05/2022	<ul style="list-style-type: none"> Annual review by staff Updated references