

**Texas Prior Authorization Program  
Clinical Criteria**

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**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.*

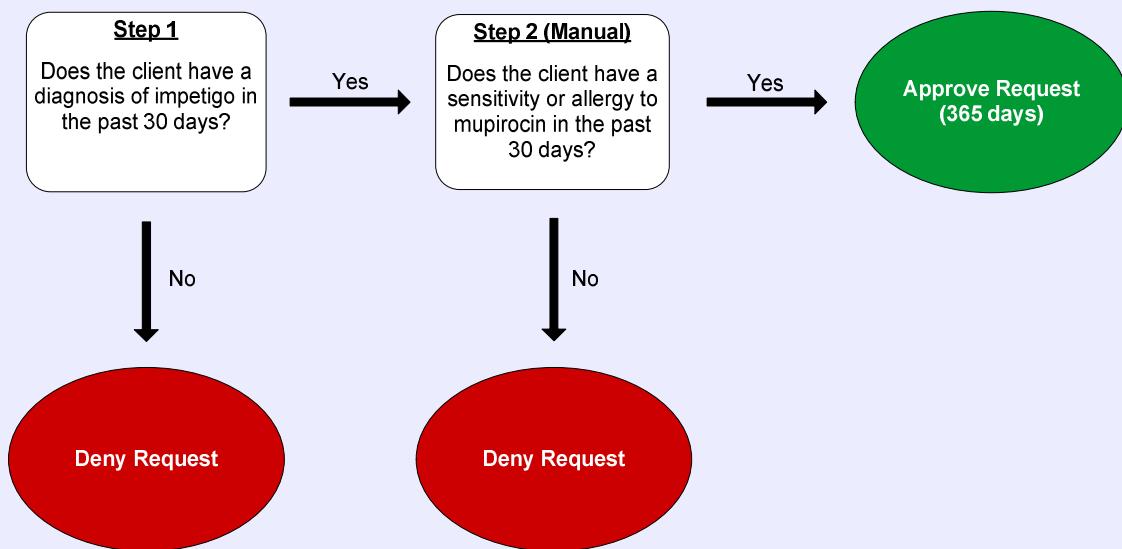
<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
ALTABAX 1% OINTMENT	98373



**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**

<b>Step 1 (diagnosis of impetigo)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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](http://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](http://www.clinicalpharmacology.com). Accessed on May 13, 2022.
5. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://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"><li>Added a new section to specify the drugs requiring prior authorization</li><li>In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the diagnosis codes pertinent to step 1 of the logic diagram</li><li>Modified the criteria logic and logic diagram to identify the steps that are executed manually</li></ul>
04/03/2015	<ul style="list-style-type: none"><li>Updated to include ICD-10s</li></ul>
05/27/2016	<ul style="list-style-type: none"><li>Updated references, page 6</li></ul>
03/21/2019	<ul style="list-style-type: none"><li>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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each 'Drug Requiring PA' table</li></ul>
02/17/2021	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Updated references</li></ul>
07/05/2022	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Updated references</li></ul>