

SmartPA Criteria Proposal

Drug/Drug Class:	Antibiotics, Mupirocin Topical PDL Edit
First Implementation Date:	October 14, 2021
Proposed Date:	September 15, 2022
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: The antibiotic mupirocin, also known as pseudomonic acid A, was first extracted from *Pseudomonas fluorescens*, a gram-negative, rod-shaped bacterium in 1971. Mupirocin exerts its effect of bacterial protein synthesis inhibition via reversible binding to bacterial isoleucyl-transfer RNA (tRNA) synthetase. It is most highly active against gram-positive bacteria including staphylococci and streptococci and has little activity against gram-negative bacteria. In 1987 mupirocin was initially available as Bactroban® ointment. All brand name Bactroban products have since been discontinued including the nasal ointment formulation which was available in single-use tubes for the eradication of nasal colonization with methicillin-resistant *Staphylococcus aureus* (MRSA) to reduce the risk of infection among high-risk patients during institutional outbreaks. Remaining available formulations include creams and ointments which are commonly used for the treatment of impetigo and other skin and skin structure infections due to susceptible strains of *Staphylococcus aureus* or *Streptococcus pyogenes*. Documentation of resistance has been noted and limiting duration of therapy to 10 days in most cases is recommended.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> Mupirocin Oint 	<ul style="list-style-type: none"> Centany® Centany® AT Oint Kit Mupirocin Crm

Type of Criteria: Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit

Data Sources: Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Antibiotics, Mupirocin Topical
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial of 1 preferred agent in the past 3 months
 - Documented trial period of preferred agents
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine Analysis: "Antibiotic, Mupirocin Topical", UMKC-DIC; April 2022.
- Evidence-Based Medicine and Fiscal Analysis: "Topical Antibiotics Mupirocin – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; June 2021.
- Khoshnood, S., Heidary, M., Asadi, A., et. al. "A review on mechanism of action, resistance, synergism, and clinical implications of mupirocin against *Staphylococcus aureus*. Biomedicine and Pharmacotherapy. 109(2019) 1809-1818.
- Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.
- Clinical Pharmacology [online]. Tampa (FL): Elsevier. 2021. Available from: <http://www.clinicalpharmacology.com>