

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class

Altabax (Retapamulin)

Clinical Edit Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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 edit

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

Revision Notes

- 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



Altabax (Retapamulin)

Drugs Requiring Prior Authorization

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



Altabax (Retapamulin)

Clinical Edit Criteria Logic

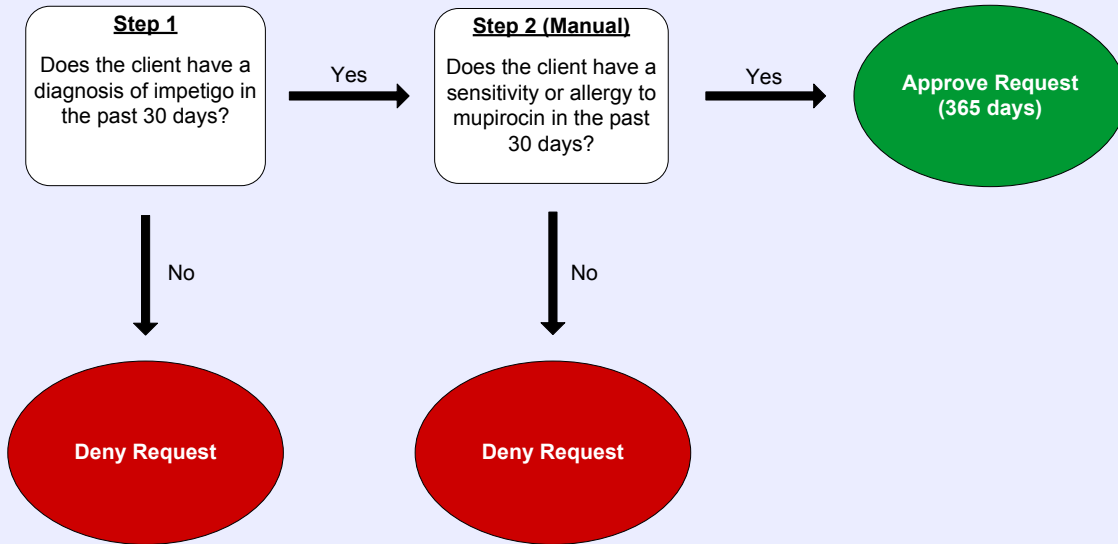
1. Does the client have a diagnosis of impetigo in the past 30 days?
 - Yes (Go to #2)
 - No (Deny)

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 Edit Criteria Logic Diagram





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Clinical Edit Criteria Supporting Tables

Step 1 (diagnosis of impetigo) Required diagnosis: 1 Look back timeframe: 30 days	
ICD-9 Code	Description
684	IMPETIGO



Altabax (Retapamulin)

Clinical Edit 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.

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