



Pharmacy Drug Policy & Procedure

Policy Name:	Altabax (retapamulin) Step-Edit	Policy#:	2684P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Altabax (retapamulin).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Altabax (retapamulin) if the following step-edit criteria are met.

Criteria

1. Step-Edit Criteria

- 1.1 A previous paid claim at the pharmacy of mupirocin ointment prior to coverage of Altabax.
- 1.2 Provider can submit medical chart documentation of previous trial and subsequent failure, intolerance, or contraindication to mupirocin.

2. Approval Period

- 2.1 12 months

CPT Codes

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HCPCS Codes

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References

- 1. Altabax (retapamulin) [prescribing information]. Malvern, PA: Almirall LLC; June 2023.
- 2. Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the infectious diseases society of America. Clin Infect Dis 2014; 59:147.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to

providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.