

Policies Repository



Policy Title Retapamulin (Altabax®)

Policy Number FS.CLIN.13

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This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy **Retapamulin (Altabax®)** is a topical antibiotic indicated for the treatment of impetigo due to Staphylococcus aureus (methicillin-susceptible isolates only) or Streptococcus pyogenes in individuals nine months of age and older.

The use of retapamulin (Altabax®) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description **Retapamulin (Altabax®)** is the first in a new class of antibiotics called pleuromutilins. Retapamulin (Altabax®) inhibits bacterial protein synthesis by interacting with the 50S subunit of the bacterial ribosome.

Policy Guideline Inclusion **Retapamulin (Altabax®)** is approved when **all** of the following inclusion criteria are met:

- Documented diagnosis of impetigo in individuals 9 months of age or older
- Documentation of a trial and failure of/contraindication/intolerance/allergy to mupirocin ointment

Policy Guideline Exclusion **Retapamulin (Altabax®)** is denied when **any** of the following exclusion criteria are present:

- No documentation of a trial and failure of/contraindication/intolerance/allergy to mupirocin ointment
- No documentation of impetigo in individuals 9 months of age or older

Policy List of Applicable Drugs

Brand Name	Generic Name
Altabax	retapamulin

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy References

Altanax [package insert]. Research Triangle Park, NC: GlaxoSmithKline; 2007.

Gilbert DN, Moellering RC, Eliopoulos GM, Dande MA. Sanford Guide to Antimicrobial Therapy 2006. 36th ed. Hyde Park, VT: Antimicrobial Therapy, Inc.; 2006.

Mupirocin 2% ointment [package insert]. Bronx, NY: Clay-Park Labs; 2007.

Retapamulin (Altanax®). In: Drugdex [online through Micromedex Healthcare Series]. Greenwood Village, CO: Thomson Micromedex. Accessed October 20, 2008.

Retapamulin (Altanax®). In: Facts and Comparisons [online through Facts and Comparisons Online]. Indy, IN: Walter Kluwer Health Inc. Accessed October 20, 2008.

Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections. *Clin Infect Dis*. 2005;41(10):1373-1406.

Policy Link to Related Policies**Printed**

01/06/2009 15:34:17

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