

**POLICY NAME**

Mytesi (crofelemer)

**POLICY #**

2042P

## Criteria

### Coverage Criteria

- ☐ Member is greater than 17 years of age
- ☐ Member currently on antiretroviral therapy for the treatment of HIV/AIDS
- ☐ Diagnosis of noninfectious diarrhea for at least one month
- ☐ Symptoms persist despite use with an anti-motility drug (e.g., loperamide or diphenoxylate/atropine [Lomotil])

### Duration of Treatment

- ☐ Initial approval: 12 months
- ☐ Extension of treatment: 12 months with documentation of improvement of symptoms CPT Codes HCPCS Codes References