

POLICY NAME

Mytesi (crofelemer)

POLICY #

Criteria

Coverage Criteria

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

Duration of Treatment

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