

POLICY NAME	Mytesi (crofelemer)	POLICY #	2042P
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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