

## PHARMACY PRE-AUTHORIZATION CRITERIA



<b>DRUG (S)</b>	Mytesi (crofelemer)
<b>POLICY #</b>	23103
<b>INDICATIONS</b>	For symptomatic relief of noninfectious diarrhea in patients with HIV/AIDS on antiretroviral therapy.
<b>CRITERIA</b>	<p>ConnectiCare considers Mytesi to be medically necessary for patients who meet the following criteria:</p> <ul style="list-style-type: none"><li>a. Patient has a diagnosis of HIV/AIDS.</li><li>b. Patient is currently having non-infectious diarrhea</li><li>c. Patient is currently using an antiretroviral medication</li><li>d. Patient has a documented intolerance to, or treatment failure of, an adequate trial of 2 antidiarrheal medications.</li></ul>
<b>LIMITATIONS</b>	If the above criteria is met initial approval may be granted for up to 3 months. Subsequent approval will be based upon therapeutic response.
<b>REFERENCES</b>	1. Mytesi full prescribing information. Napo Pharmaceuticals, Inc. San Francisco, CA
<b>P&amp;T REVIEW HISTORY</b>	6/13, 10/13, 10/14, 11/15, 8/16, 8/17, 7/18
<b>REVISION RECORD</b>	8/17