

PHARMACY PRE-AUTHORIZATION CRITERIA



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