

Market Applicability					
Market	GA	KY	MD	NJ	NY
Applicable	X	X	X	X	X

## Mytesi (crofelemer)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Mytesi (crofelemer)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Mytesi (crofelemer) may be approved when the following criteria are met:

- I. Individual has a diagnosis of HIV/AIDS and currently on anti-retroviral therapy (ART); **AND**
- II. Individual is using for the symptomatic relief of non-infectious diarrhea; **AND**
- III. Individual has had an inadequate response to one of the following:
  - A. Loperamide; **OR**
  - B. Diphenoxylate-atropine.

Crofelemer may not be approved for the following:

- I. Individual has a confirmed diagnosis of infectious diarrhea or diarrhea has not been assessed for infectious causes.

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: February 25, 2021.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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