

crofelemer (MYTESI)

Diagnosis Considered for Coverage:

- Relief of non-infectious diarrhea in patients with HIV/AIDS on anti-retroviral therapy

Coverage Criteria:

For diagnosis listed above:

Initial Treatment
<ul style="list-style-type: none"> • Patient is currently receiving treatment for HIV (i.e. anti-retroviral therapy), and • Provider attestation that other etiology (i.e. infection, underlying GI disease, malabsorption) for diarrheal symptoms has been ruled-out, and • Inadequate response, intolerable side effect, or contraindication with either loperamide (Imodium) or diphenoxylate/atropine (Lomotil), and • Dose does not exceed 125 mg given twice per day. <p><u>Coverage Duration:</u> 1 month</p>
Reauthorization
<ul style="list-style-type: none"> • Patient is currently stable on an anti-retroviral therapy (ART) regimen and • There has been at least 50% reduction in diarrheal symptoms from baseline, and • Dose does not exceed 125 mg given twice per day. <p><u>Coverage Duration:</u> one year</p>

Coverage Duration: see above

Effective Date: 09/27/2023