

**MYTESI
(crofelemer)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Non-infectious diarrhea associated with HIV/AIDS

AND ALL of the following:

1. Patient is on anti-retroviral therapy (ART)
2. Other infectious etiologies of diarrhea have been ruled out
3. Patient has had an inadequate treatment response, intolerance, or contraindication to at least one anti-diarrheal medication such as diphenoxylate/atropine, loperamide, bismuth subsalicylate, etc.

Prior - Approval Limits

Quantity 180 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Non-infectious diarrhea associated with HIV/AIDS

AND ALL of the following:

1. Patient is on anti-retroviral therapy (ART)
2. Patient has experienced symptomatic relief since starting Mytesi

Prior - Approval *Renewal* Limits

Same as above



**BlueCross
BlueShield**

Federal Employee Program.

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