

**HARVARD PILGRIM HEALTH CARE  
RECOMMENDED MEDICATION REQUEST GUIDELINES**

**CROFELEMER (MYTESI)**

Generic	Brand	HICL	GCN	Exception/Other
CROFELEMER	MYTESI	39897		

**NOTE: Prescriptions that meet the initial step therapy requirements will adjudicate at the point of service. If the member does not meet the initial step therapy criteria, then the prescription will deny at point of service with a message indicating that prior authorization (PA) is required.**

Members who do not meet the step therapy criteria at point of service will need to submit a Medication Request Form (MRF) to MedImpact for clinical review. First level drug therapy required include the following:

- Anti-retroviral therapy,
- Lookback is 180 days,
- Lookback for itself or first-line agents.

**GUIDELINES FOR USE**

1. Is this medication being requested for the symptomatic relief of non-infectious diarrhea in an adult patient who is currently on anti-retroviral therapy?

If yes, **approve open ended.**

Please use status code #050 and the approval text provided.

**APPROVAL TEXT:** Your request for Mytesi (crofelemer) has been approved as requested.

If no, do not approve. Please use status code #238 and the denial text provided.

**DENIAL TEXT:** Per your health plan's Crofelemer (Mytesi) guideline, this medication is only covered when prescribed for the symptomatic relief of non-infectious diarrhea in an adult patient who is currently on anti-retroviral therapy such as (but not limited to) lamivudine, ritonavir, and Trizivir (abacavir, lamivudine, and zidovudine). Your provider did not indicate that you are on one of these medications and therefore your request was not approved.

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**RATIONALE**

To ensure that crofelemer is being utilized in the correct patient population indicated in the package insert.

**FDA APPROVED INDICATIONS**

Crofelemer is an anti-diarrheal indicated for the symptomatic relief of non-infectious diarrhea in adult patients with HIV/AIDS on anti-retroviral therapy.

**REFERENCES**

- Mytesi prescribing information. Nap Pharmaceuticals, Inc. June 2016.

Created: 04/09/13 KW

Effective: 10/01/18

Client Approval: 07/18/18

P&T Approval: 09/27/18