

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Xermelo (telotristat ethyl)

Override(s)	Approval Duration
Prior Authorization	Initial approval duration: 3 months
Quantity Limit	Continuing treatment approval duration: 1 year

Medications	Quantity Limit
Xermelo (telotristat ethyl)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Xermelo (telotristat ethyl) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual is using in combination with somatostatin analog (SSA) therapy (such as but not limited to lanreotide, octreotide) for the treatment of carcinoid syndrome diarrhea; **AND**
- III. Individual has had an inadequate response on a stable dose of SSA monotherapy for at least 3 months.

Requests for continuing treatment with Xermelo (telotristat ethyl) may be approved when the individual has previously met the initiation criteria above and:

- I. If clinically significant improvements are confirmed after 12 weeks of treatment with Xermelo when added to SSA therapy.

Note: Xermelo is used in those individuals where somatostatin (e.g. octreotide) therapy alone inadequately controlled carcinoid syndrome diarrhea.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

PAGE 1 of 1 08/21/2017
New Program Date 04/10/2017

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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