SPECIALTY GUIDELINE MANAGEMENT

XERMELO (telotristat ethyl)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications[1]
Xermelo is indicated for the treatment of carcinoid syndrome diarrhea in combination with somatostatin analog (SSA) therapy in adults inadequately controlled by SSA therapy.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Carcinoid syndrome diarrhea[1]
Authorization of 12 months may be granted for the treatment of carcinoid syndrome diarrhea when all of the following criteria are met:
1. Member has had an inadequate response to somatostatin analog (SSA) therapy.
2. Xermelo will be used in combination with SSA therapy.

III. CONTINUATION OF THERAPY

Members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Xermelo [package insert]. The Woodlands, TX: Lexicon Pharmaceuticals, Inc.; February 2017.