

XERMELO
(telotristat ethyl)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Carcinoid syndrome diarrhea

AND ALL of the following:

- a. Inadequate treatment response to at least a 3-month trial of SSA (somatostatin analog) therapy
- b. Used in combination with an SSA (somatostatin analog)
- c. Four or more bowel movements daily
- d. Prescriber agrees to assess the patient for severe constipation and abdominal pain and discontinue the medication if either develops

Prior - Approval Limits

Quantity 252 tablets every 84 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Carcinoid syndrome diarrhea

AND ALL of the following:

- a. Used in combination with an SSA (somatostatin analog)

XERMELO
(telotristat ethyl)

- b. A decrease from baseline in amount of average daily bowel movements
- c. Prescriber agrees to continue to assess the patient for severe constipation and abdominal pain and discontinue the medication if either develops
- d. **NO** severe constipation or abdominal pain

Prior - Approval *Renewal* Limits

Quantity 252 tablets every 84 days
Duration 12 months