Mass General Brigham
Health Plan

Xermelo
Effective 07/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693 **Non-Specialty Medications** All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Telotristat etiprate is a prodrug of telotristat, which is a tryptophan hydroxylase inhibitor. Used in combination with a somatostatin analog (SSA) for treatment of diarrhea associated with carcinoid syndrome in adults that SSA therapy alone has shown inadequate

Coverage Guidelines
Authorization may be granted for members currently being treated with Xermelo, except when the medication has been obtained through physician samples or manufacturer's assistance program.
OR
Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member is at least 18 years of age
2. The member has diagnosis of carcinoid syndrome diarrhea
3. The member has had an inadequate response to somatostatin analog (SSA) therapy
4. Xermelo will be used in combination with SSA therapy

Continuation of Therapy
Reauthorization will be granted when all initial criteria is met and provider attest to improvement in member's condition

Limitations

1. Approvals will be granted for 12 months
2. The following quantity limits apply:

Xermelo 250mg	90 tablets per 30 days

References
1. Xermelo (telotristat ethyl) [prescribing information]. Deerfield, IL: TerSera Therapeutics LLC; October 2020

2. Kulke MH, Horsch D, Caplin ME, et al. Telotristat ethyl, a tryptophan hydroxylase inhibitor for the treatment of carcinoid syndrome. *J Clin Oncol*. 2017;35(1):14-23.[PubMed 27918724

Review History
02/20/2019 – Approved by P&T
01/20/2021 – Reviewed by P&T. Effective 09/01/2021.
05/10/2023 – Reviewed and Updated for May P&T; added continuation of therapy criteria. Effective 7/1/23