

**Xermelo**  
**Effective 07/01/2023**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	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
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**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**

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

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

