

telotristat (XERMELO)

Diagnosis Considered for Coverage:

- Diarrheal symptoms due to neuroendocrine tumor of intestine associated carcinoid syndrome

Coverage Criteria:

For diagnosis listed above:

Initial Authorization

- Diarrhea not controlled despite at least 3 month therapy with either Sandostatin Depot [sandostatin] or Somatuline Depot [lanreotide], **and**
- Being used in conjunction with either Sandostatin Depot [sandostatin] or Somatuline Depot [lanreotide], **and**
- Dose does not exceed 750 mg per day.

Coverage Duration: 12 weeks

Reauthorization after Induction Therapy

- Improvement in diarrheal symptoms from baseline, **and**
- Being used in conjunction with either Sandostatin Depot [sandostatin] or Somatuline Depot [lanreotide], **and**
- Dose does not exceed 750 mg per day.

Coverage Duration: one year

Coverage Duration: see criteria

Effective Date: 5/31/2023