Pharmacy Drug Policy & Procedure

Policy Name:	Xermelo (telotristat ethyl)	Policy#:	3182P

Purpose of the Policy

The purpose of this policy is to define coverage criteria for Xermelo (telotristat ethyl)

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Xermelo (telotristat ethyl) under the specialty pharmacy benefit if the following criteria are met.

Criteria

1. Coverage Criteria for Carcinoid Syndrome Diarrhea

1.1 Diagnosis of carcinoid syndrome diarrhea (diarrhea associated with neuroendocrine tumors (NETs))
1.2 Age 18 years or older
1.3 Prescribed by or in consultation with an oncologist (cancer doctor), endocrinologist (hormone doctor), or gastroenterologist (stomach doctor)
1.4 Diarrhea not controlled by a somatostatin analog medication (such as octreotide or lanreotide)
1.5 Xermelo will be used in combination with a somatostatin analog medication (such as octreotide or lanreotide)

2. Approval Period

2.1 Initial: 12 months
2.2 Reauthorization: 12 months with documented benefit from therapy

CPT Codes	
HCPCS Codes	

References

1. Xermelo (telotristat ethyl) [prescribing information]. Deerfield, IL: TerSera Therapeutics LLC; September 2022.
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.
3. Halfdanarson TR, Strosberg JR, Tang L, et al. The North American Neuroendocrine Tumor Society Consensus Guidelines for Surveillance and Medical Management of Pancreatic Neuroendocrine Tumors. Pancreas. 2020 Aug;49(7):863-881.

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DISCLAIMER
This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.