UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 1221-5
Program	Prior Authorization/Notification
Medication	Xermelo® (telotristat ethyl)
P&T Approval Date	6/2017, 6/2018, 6/2019, 6/2020, 6/2021
Effective Date	9/1/2021; Oxford only: 9/1/2021

1. Background:

Xermelo (telotristat ethyl) is a tryptophan hydroxylase inhibitor indicated for the treatment of carcinoid syndrome diarrhea in combination with somatostatin analog (SSA) therapy in adults inadequately controlled by SSA therapy.[1]

2. Coverage Criteria:

A. Carcinoid Syndrome Diarrhea

1. **Initial Authorization**

a. **Xermelo** will be approved based on **all** of the following criteria:

(1) Diagnosis of carcinoid syndrome diarrhea

-AND-

(2) Diarrhea is inadequately controlled with somatostatin analog therapy (e.g., octreotide, Sandostatin LAR, Somatuline Depot)

-AND-

(3) Used in combination with somatostatin analog therapy (e.g., octreotide, Sandostatin LAR, Somatuline Depot)

Authorization will be issued for 6 months.

2. **Reauthorization**

a. **Xermelo** will be approved based on the following criterion:

(1) Documentation of positive clinical response to Xermelo

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Xermelo® [package insert]. The Woodlands, TX: Lexicon Pharmaceuticals, Inc. February 2017.

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Change Control	
6/2017	New program.
6/2018	Annual review with no change to criteria.
6/2019	Annual review with no changes to criteria.
6/2020	Annual review with no changes to criteria or reference.
6/2021	Annual review with no changes to criteria.