

Xermelo (telotristat ethyl)

Coverage Criteria:

Reserved for adults with:

1. documented diarrhea due solely to carcinoid syndrome (must include a recent negative stool culture), AND;
2. Baseline number of stools \geq 4 per day after at least three months of somatostatin analog (SSA) therapy, AND;
3. When used according to the FDA labeling.

Coverage Duration:

Initial approvals are for six months.

Renewal Criteria:

Additional approvals require a documented reduction in the number of daily stools, reduction in the SSA dose from baseline or another known marker of efficacy.