Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 21, 2017

XERMELO™ (telotristat ethyl)

LENGTH OF AUTHORIZATION: UP TO THREE MONTHS

REVIEW CRITERIA

INITIAL THERAPY:

1. Diagnosis of Carcinoid Syndrome -Diarrhea in patients with metastatic neuroendocrine tumors.
2. 18 years of age or older.
3. Trial and inadequate response to the maximum (or highest tolerated) dose of somatostatin analog (SSA) therapy (inadequate response is at least four or more bowel movements daily) for at least three consecutive months.
4. Xermelo™ is used in combination with SSA therapy.
5. Provider agrees to assess the patient for severe constipation and abdominal pain and discontinue the medication if either develops.

CONTINUATION OF THERAPY:

1. Diagnosis of Carcinoid Syndrome Diarrhea in patients with metastatic neuroendocrine tumors.
2. 18 years of age or older
3. A reduction from baseline in amount of average daily bowel movements per day.
4. Provider agrees to assess the patient for severe constipation and abdominal pain and discontinue the medication if either develops.

DOSING:

250mg three times daily with a meal.