**Xermelo**

**Description**

Xermelo (telotristat ethyl)

**Background**

Xermelo 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. Telotristat, the active metabolite of telotristat ethyl, is an inhibitor of tryptophan hydroxylase, which mediates the rate limiting step in serotonin biosynthesis. Serotonin plays a role in mediating secretion, motility, inflammation, and sensation of the gastrointestinal tract, and is over-produced in patients with carcinoid syndrome. Through inhibition of tryptophan hydroxylase, telotristat and telotristat ethyl reduce the production of peripheral serotonin, and the frequency of carcinoid syndrome diarrhea (1).

**Regulatory Status**

FDA approved indication: Xermelo 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).

Xermelo reduces bowel movement frequency; therefore prescribers must monitor patients for constipation and/or severe persistent or worsening abdominal pain and discontinue Xermelo if severe constipation or abdominal pain develops (1).

Safety and effectiveness in pediatric patients have not been established (1).

**Related policies**
Sandostatin LAR

**Policy**

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Xermelo may be considered **medically necessary** for patients 18 years of age or older in patients with carcinoid syndrome diarrhea, who are inadequately controlled by SSA (somatostatin analog) therapy and if the conditions indicated below are met.

Xermelo may be considered **investigational** in patients less than 18 years of age and for all other indications.

**Prior-Approval Requirements**

**Age**

18 years of age or older

**Diagnosis**

Patient must have the following:

Carcinoid syndrome diarrhea

**AND ALL** of the following:

a. Inadequate treatment response to at least a 3-month trial of SSA (somatostatin analog) therapy

b. Used in combination with an SSA (somatostatin analog)

c. Four or more bowel movements daily

d. Prescriber agrees to assess the patient for severe constipation and abdominal pain and discontinue the medication if either develops

**Prior – Approval Renewal Requirements**

**Age**

18 years of age or older
Diagnosis

Patient must have the following:

Carcinoid syndrome diarrhea

AND ALL of the following:
  a. Used in combination with an SSA (somatostatin analog)
  b. A decrease from baseline in amount of average daily bowel movements
  c. Prescriber agrees to continue to assess the patient for severe constipation and abdominal pain and discontinue the medication if either develops
  d. NO severe constipation or abdominal pain

Policy Guidelines

Pre-PA Allowance
None

Prior - Approval Limits

<table>
<thead>
<tr>
<th>Quantity</th>
<th>252 tablets every 84 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>6 months</td>
</tr>
</tbody>
</table>

Prior – Approval Renewal Limits

<table>
<thead>
<tr>
<th>Quantity</th>
<th>252 tablets every 84 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>12 months</td>
</tr>
</tbody>
</table>

Rationale

Summary
Xermelo 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. Xermelo reduces bowel movement frequency; therefore prescribers
must monitor patients for constipation and/or severe persistent or worsening abdominal pain and discontinue Xermelo if severe constipation or abdominal pain develops (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost effective use of Xermelo while maintaining optimal therapeutic outcomes.

References


Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2017</td>
<td>Addition to PA</td>
</tr>
<tr>
<td>June 2017</td>
<td>Annual review</td>
</tr>
<tr>
<td>September 2017</td>
<td>Annual review</td>
</tr>
<tr>
<td>March 2018</td>
<td>Annual review</td>
</tr>
<tr>
<td>March 2019</td>
<td>Annual review</td>
</tr>
</tbody>
</table>

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 15, 2019 and is effective on April 1, 2019.