CareSource Rxinnovations

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Xermelo (telotristat ethyl)
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Xermelo is a small molecule tryptophan hydroxylase (TPH) inhibitor indicated for the treatment of carcinoid syndrome diarrhea in combination with somatostatin analog (SSA) therapy in adults inadequately controlled by SSA therapy. TPH mediates the rate limiting step in serotonin biosynthesis, which is overproduced in carcinoid syndrome. Inhibiting TPH therefore reduces the production of peripheral serotonin and the frequency of related diarrhea.
Carcinoid syndrome (CS) refers to a collection of symptoms that primarily occurs with well-differentiated neuroendocrine tumors (NETs) originating midgut with metastases to the liver. Flushing and diarrhea are the most common manifestations. NETs release a variety of biologically active products, with serotonin thought to be the most important factor in the etiology of CS diarrhea. It is considered refractory if symptoms are inadequately controlled with a long acting SSA. Xermelo is specifically recommended for refractory cases.

Xermelo (telotristat ethyl) will be considered for coverage when the following criteria are met:

Carcinoid Syndrome Diarrhea

For **initial** authorization:
1. Member is 18 years old or older; AND
2. Medication must be prescribed by or in consultation with an oncologist or gastroenterologist; AND
3. Member has a neuroendocrine tumor; AND
4. Member has a diagnosis of refractory diarrhea secondary to carcinoid syndrome, despite a stable dose of long-acting somatostatin analog (i.e., octreotide, lanreotide) for at least 3 months, as evidenced by at least one of the following:
   a) Member is experiencing 4 or more bowel movements per day
   b) Member has an elevated urinary 5-hydroxyindoleacetic acid (u5-HIAA) level; AND
5. Member will continue somatostatin therapy in addition to Xermelo.
6. **Dosage allowed/Quantity limit:** 250 mg three times daily.

If all the above requirements are met, the medication will be approved for 3 months.

For **reauthorization**:
1. Chart notes have been provided that show a decrease in frequency of bowel movements; AND
2. Member is continuing somatostatin analog unless contraindicated or not tolerated.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Xermelo (telotristat ethyl) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
11/12/2020	New policy for Xermelo created.
04/18/2022	Transferred to new template. Added supporting references. Specified SSA therapy as long acting.

References:

1. Xermelo [package insert]. Deerfield, IL: TerSera Therapeutics LLC; 2020.
2. Pavel M, Öberg K, Falconi M, et al. Gastroenteropancreatic neuroendocrine neoplasms: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol*. 2020;31(7):844-860. doi:10.1016/j.annonc.2020.03.304.
3. Strosberg JR, Halfdanarson TR, Bellizzi AM, et al. The North American Neuroendocrine Tumor Society Consensus Guidelines for Surveillance and Medical Management of Midgut Neuroendocrine Tumors. *Pancreas*. 2017;46(6):707-714. doi:10.1097/MPA.0000000000000850.
4. Cook R, Hendifar AE. Evidence-Based Policy in Practice: Management of Carcinoid Syndrome Diarrhea. P T. 2019;44(7):424-427.
5. National Comprehensive Cancer Network. Neuroendocrine and Adrenal Tumors. (Version 4.2021). https://www.nccn.org/professionals/physician_gls/pdf/neuroendocrine.pdf. Accessed April 1, 2022.
6. Pandit S, Annamaraju P, Bhusal K. Carcinoid Syndrome. [Updated 2022 Feb 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK448096/
7. Pavel M, Gross DJ, Benavent M, et al. Telotristat ethyl in carcinoid syndrome: safety and efficacy in the TELECAST phase 3 trial. *Endocr Relat Cancer*. 2018;25(3):309-322. doi:10.1530/ERC-17-0455
8. Lyseng-Williamson KA. Telotristat Ethyl: A Review in Carcinoid Syndrome Diarrhoea. *Drugs*. 2018;78(9):941-950. doi:10.1007/s40265-018-0935-1
9. Kulke MH, Hörsch 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. doi:10.1200/JCO.2016.69.2780
10. Strosberg J, Joish VN, Giacalone S, et al. TELEPRO: Patient-Reported Carcinoid Syndrome Symptom Improvement Following Initiation of Telotristat Ethyl in the Real World. *Oncologist*. 2019;24(11):1446-1452. doi:10.1634/theoncologist.2018-0921
11. Kulke MH, Kennecke HF, Murali K, Joish VN. Changes in Carcinoid Syndrome Symptoms Among Patients Receiving Telotristat Ethyl in US Clinical Practice: Findings from the TELEPRO-II Real-World Study. *Cancer Manag Res*. 2021;13:7439-7446. Published 2021 Sep 27. doi:10.2147/CMAR.S330429
12. Hofland J, Herrera-Martínez AD, Zandee WT, de Herder WW. Management of carcinoid syndrome: a systematic review and meta-analysis. *Endocr Relat Cancer*. 2019;26(3):R145-R156. doi:10.1530/ERC-18-0495

Effective date: 10/01/2022
Revised date: 04/18/2022