

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Telotristat Ethyl (Xermelo)

Initiation (new start) criteria: Non-formulary **telotristat ethyl (Xermelo)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by an Oncologist or Hematologist
- Prescribed for treatment of carcinoid syndrome diarrhea (in combination with somatostatin analog therapy) in adults with symptoms inadequately controlled by somatostatin analog therapy

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