 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE</p>	Johns Hopkins HealthCare LLC Pharmacy Public Pharmacy Management Drug Policies	<i>Policy Number</i>	MEDS103
		<i>Effective Date</i>	07/19/2017
		<i>Review Date</i>	07/19/2017
	<i>Subject</i> Xermelo	<i>Revision Date</i>	12/07/2021
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This document applies to the following Participating Organizations:

Priority Partners

Keywords: xermelo

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I. POLICY

- A. Xermelo (telotristat ethyl) will require prior authorization to ensure appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20.
 1. PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
 2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: [http:// pec.ha.osd.mil/formulary_search.php?submenuheader=1](http://pec.ha.osd.mil/formulary_search.php?submenuheader=1)

II. POLICY CRITERIA

- A. Xermelo may be approved for patients meeting the following
 1. Patient is 18 years of age or older
 2. Documentation has been submitted showing a confirmed diagnosis of carcinoid syndrome diarrhea
 3. Documentation has been submitted showing the patient will be concomitantly treated with a somatostatin analog therapy (octreotide)

III. AUTHORIZATION PERIOD/LIMITATIONS


- A. Initial approval period for Xermelo will be limited to 3 months
- B. Approvals for a continuation of therapy will be approved for 12 months based upon clinical documentation showing continued clinical benefit from therapy

IV. EXCLUSIONS

- A. Xermelo will not be approved for any indications or uses that are not FDA-approved or guideline-supported.
- B. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. REFERENCES

1. Xermelo [prescribing information]. Deerfield, IL: TerSera Therapeutics LLC; October 2020

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VI. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
07/19/2017	Policy Creation
07/27/2017	Updated Exclusion section regarding physician samples
07/01/2018	Removed EHP Line of Business
12/07/2021	Updated layout

Review Date: 07/19/2017

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