

<b>POLICY NAME</b>	Xermelo (telotristat ethyl)	<b>POLICY #</b>	
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## Criteria

### Coverage Criteria for Carcinoid Syndrome Diarrhea

- ☐ **1.1** Diagnosis of carcinoid syndrome diarrhea (diarrhea associated with neuroendocrine tumors (NETs))
- ☐ **1.2** Age 18 years or older
- ☐ **1.3** Prescribed by or in consultation with an oncologist (cancer doctor), endocrinologist (hormone doctor), or gastroenterologist (stomach doctor)
- ☐ **1.4** Diarrhea not controlled by a somatostatin analog medication (such as octreotide or lanreotide)
- ☐ **1.5** Xermelo will be used in combination with a somatostatin analog medication (such as octreotide or lanreotide)