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

  AND

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

  OR

- Dose Change Only: Patient previously met criteria and is already taking the drug