

levoketoconazole (RECORLEV)

Diagnoses Considered for Coverage:

- Cushing's syndrome

Coverage Criteria:

For diagnosis of Cushing's syndrome, approve if:

- Patient is either unable to undergo surgery or is refractory to previous surgical intervention, **and**
- One of the following:
 - Inadequate response with ketoconazole or
 - Intolerable side effect or contraindication to ketoconazole not expected with Recorlev,**and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 09/27/2023