

POLICY NAME	Recorlev (levoketoconazole)	POLICY #	3158P
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Criteria

Coverage Criteria for Cushing's Syndrome

- ☐ Diagnosis of endogenous hypercortisolemia related to Cushing's syndrome
- ☐ Age 18 years or older
- ☐ Ordered by or in consultation with an endocrinologist (doctor of hormone-related conditions)
- ☐ Patient is not a candidate for surgery, or previous surgery has not been curative
- ☐ Documented trial and failure of ketoconazole