

|                    |                         |                 |       |
|--------------------|-------------------------|-----------------|-------|
| <b>POLICY NAME</b> | Isturisa (osilodrostat) | <b>POLICY #</b> | 2839P |
|--------------------|-------------------------|-----------------|-------|

## Criteria

### Coverage Criteria for Cushing's Disease

- ☐ Diagnosis of Cushing's Disease
- ☐ Diagnosis of type 2 diabetes mellitus or documented glucose intolerance with supporting test results
- ☐ Documentation that the member underwent a surgical procedure which was not curative or that the member is not a candidate for surgery
- ☐ Age 18 years or older
- ☐ Ordered by, or in consultation with an endocrinologist (hormone doctor)