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| POLICY NAME | Recorlev (levoketoconazole) | POLICY # | 3158P |
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Criteria

Coverage Criteria for Cushing's Syndrome

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