

<b>POLICY NAME</b>	Recorlev (levoketoconazole)	<b>POLICY #</b>	<b>3158P</b>
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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