

POLICY NAME	Isturisa (osilodrostat)	POLICY #	2839P
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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)