



Recorlev (levoketoconazole)
Effective 09/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
Exchange	Phone: 855-582-2022	Fax: 855-245-2134	
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Recorlev is indicated for the treatment of endogenous hypercortisolemia in adult patients with Cushing’s syndrome for whom surgery is not an option or has not been curative.

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Member has a diagnosis of hypercortisolemia secondary to Cushing’s disease
2. Documentation that surgery (e.g., pituitary surgery, adrenal surgery) is not an option or has not been curative
3. Member is \geq 18 years old
4. Prescribed by or in consultation with an endocrinologist.

Continuation of Therapy

Reauthorization requires physician attestation that member demonstrates a positive response to therapy and there is a documentation of reduction in baseline 24-hour urinary free cortisol level

Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 12 months.
3. The following quantity limits apply:

Recorlev 150 mg	240 tablets per 30 days
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Review History

07/20/22 – Reviewed and created for July P&T. Effective 09/01/2022

References

1. Recorlev (levoketoconazole) [prescribing information]. Chicago, IL: Xeris Pharmaceuticals, Inc.; 2021 Dec

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