

Recorlev (levoketoconazole)
Effective 09/01/2022

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| Plan | <input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange | Program Type | <input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy |
| Benefit | <input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX) | | |
| 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:

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| 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

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

