Mass General Brigham
Health Plan

Recorlev (levoketoconazole)
Effective 11/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Recorlev (levoketoconazole) is a cortisol synthesis inhibitor 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. Recorlev is not approved for the treatment of fungal infections.

Coverage Guidelines
Authorization may be reviewed for members new to the plan within the past 90 days 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 when all the following criteria are met:

1. Member has a diagnosis of hypercortisolemia secondary to Cushing's disease
2. Member meets ONE of the following:
    a. Surgery (e.g., pituitary surgery, adrenal surgery) is not an option for the member
    b. Surgery has not been curative
3. Member is 18 years of age or older

Continuation of Therapy
Requests for reauthorization will be approved when all of the following criteria are met:

1. Documentation member has had a positive clinical response to therapy (e.g., 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:

Drug Name and Dosage Form	Quantity Limit
Recorlev tablet	8 tablets per day

References

1. Recorlev (levoketoconazole) [prescribing information]. Chicago, IL: Xeris Pharmaceuticals, Inc.; June 2023.

Review History

07/20/22 – Reviewed and created for July P&T. Effective 09/01/2022
08/13/2025 – Reviewed and updated at August P&T. Updated initial criteria to remove specialist prescriber requirement. Updated reauthorization criteria to require documentation of positive clinical response to therapy. Effective 11/01/2025.