CareSource Rxinnovations

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	**Recorlev (levoketoconazole)**
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

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. It is an enantiomer derived from racemic ketoconazole and is a cortisol synthesis inhibitor. Recorlev has black box warnings for hepatotoxicity and QT prolongation.

Cushing's Syndrome is a disorder of excess cortisol which can be of an exogenous cause, for example from taking glucocorticoids, or it can be endogenous. Endogenous Cushing's Syndrome is rare, with the most common type being Cushing's Disease, which is caused by a pituitary adenoma that secretes excess adrenocorticotropic hormone (ACTH), a hormone responsible for cortisol production. Cortisol is a hormone made by the adrenal glands and has a role in many body functions. First-line treatment is surgical resection of the adenoma.

Recorlev (levoketoconazole) will be considered for coverage when the following criteria are met:

Cushing's Syndrome

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an endocrinologist; AND
3. Member has a diagnosis of endogenous Cushing's Syndrome (e.g., pituitary adenoma); AND
4. Chart notes must include documentation of elevated baseline urinary free cortisol (UFC); AND
5. Documentation must show the member is NOT a candidate for surgery, or previous surgery was not curative; AND
6. A trial of ketoconazole at max tolerated dose for at least 3 months was ineffective; AND
7. The following have been or will be assessed prior to treatment (and monitored during treatment):
   a) Liver enzymes
   b) ECG
   c) Potassium, magnesium
8. Member does NOT have any of the following:
   a) Malignant etiology (i.e., pituitary or adrenal carcinoma)
   b) Non-endogenous (exogenous) hypercortisolism (e.g., caused by corticosteroids)
   c) Known inherited syndrome as the cause of hypercortisolism (e.g., multiple endocrine neoplasia syndrome, Carney Complex)
   d) Pre-existing hepatic disease or history of drug-induced liver injury from azoles.
9. **Dosage allowed/Quantity limit:** Initiate at 150 mg twice daily; titrate according to package insert up to a max dose of 600 mg twice daily. (QL 240 tablets per 30 days).

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. Chart notes must document positive response to therapy including a decrease in UFC compared to baseline; AND
2. Chart notes must show the member has improved signs and symptoms of disease (e.g. weight, fasting glucose, blood pressure, or tumor size).

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Recorlev (levoketoconazole) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
03/23/2022	New policy for Recorlev created.

References:

1. Recorlev. [prescribing information]. Xeris Pharmaceuticals, Inc.; 2021.
2. Fleseriu M, Pivonello R, Elenkova A, et al. Efficacy and safety of levoketoconazole in the treatment of endogenous Cushing's syndrome (SONICS): a phase 3, multicentre, open-label, single-arm trial [published correction appears in Lancet Diabetes Endocrinol. 2019 Nov;7(11):e22]. *Lancet Diabetes Endocrinol*. 2019;7(11):855-865. doi:10.1016/S2213-8587(19)30313-4
3. Nieman LK, Biller BM, Findling JW, et al. Treatment of Cushing's Syndrome: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2015;100(8):2807-2831. doi:10.1210/jc.2015-1818
4. Fleseriu M, Auchus R, Bancos I, et al. Consensus on diagnosis and management of Cushing's disease: a guideline update. *Lancet Diabetes Endocrinol*. 2021;9(12):847-875. doi:10.1016/S2213-8587(21)00235-7
5. Castinetti F, Nieman LK, Reincke M, Newell-Price J. Approach to the Patient Treated with Steroidogenesis Inhibitors. *J Clin Endocrinol Metab*. 2021;106(7):2114-2123. doi:10.1210/clinem/dgab122
6. Castinetti F, Guignat L, Giraud P, et al. Ketoconazole in Cushing's disease: is it worth a try?. *J Clin Endocrinol Metab*. 2014;99(5):1623-1630. doi:10.1210/jc.2013-3628

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