

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 16, 2022

RECORLEV (levoketoconazole)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of endogenous hypercortisolemia as a result of Cushing's syndrome.
- Recorlev is prescribed by an endocrinologist.
- The patient is not a candidate for surgery OR has experienced therapeutic failure to surgery.
- Trial and failure to ketoconazole tablets (contraindications, adverse effects and/or intolerance must be documented).

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 150mg tablet.