

Federal Employee Program.

Blue Cross Blue Shield Association 750 9th St NW, Suite 900 Washington, D.C. 20001 1-800-624-5060 Fax 1-877-378-4727

5.30.081

Section: Prescription Drugs Effective Date: October 1, 2024

Subsection: Endocrine and Metabolic Drugs Original Policy Date: February 4, 2022

Subject: Recorlev Page: 1 of 4

Last Review Date: September 6, 2024

Recorley

Description

Recorlev (levoketoconazole)

Background

Recorlev (levoketoconazole) is a cortisol synthesis inhibitor that works by inhibiting key steps in the synthesis of cortisol and testosterone. Endogenous Cushing's syndrome is caused by abnormally high levels of the stress hormone cortisol, usually due to the presence of a benign tumor in the brain's pituitary gland or in the adrenal glands, which sit atop the kidneys. Recorlev is designed to block cortisol production in the adrenal glands (1).

Regulatory Status

FDA-approved indication: Recorlev 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 (1).

Limitations of Use:

Recorlev is not approved for the treatment of fungal infections (1).

Recorlev contains a boxed warning regarding hepatotoxicity. Recorlev is contraindicated in patients with cirrhosis, acute liver disease or poorly controlled chronic liver disease, recurrent symptomatic cholelithiasis, a prior history of drug induced liver injury due to ketoconazole or any azole antifungal therapy that required discontinuation of treatment, or extensive metastatic liver disease. Liver enzymes should be evaluated prior to and during treatment (1).

5.30.081

Section: Prescription Drugs Effective Date: October 1, 2024

Subsection: Endocrine and Metabolic Drugs Original Policy Date: February 4, 2022

Subject: Recorlev Page: 2 of 4

Recorlev also contains a boxed warning regarding QT prolongation. Coadministration of Recorlev with other drugs that prolong the QT interval associated with ventricular arrhythmias, including torsades de pointes, and use in patients with a prolonged QTcF interval of greater than 470 msec at baseline, history of torsades de pointes, ventricular tachycardia, ventricular fibrillation, or long QT syndrome (including first-degree family) are contraindicated. An ECG should be performed, and hypokalemia and hypomagnesemia should be corrected prior to and during treatment (1).

Recorlev also has warnings regarding hypocortisolism, hypersensitivity reactions, and risks related to decreased testosterone (1).

The safety and effectiveness of Recorlev in pediatric patients less than 18 years of age have not been established (1).

Related policies

Isturisa, Korlym, Signifor, Signifor LAR

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Recorlev may be considered **medically necessary** if the conditions indicated below are met.

Recorley may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Endogenous hypercortisolemia with Cushing's syndrome

AND ALL of the following:

Section: Prescription Drugs Effective Date: October 1, 2024

Subsection: Endocrine and Metabolic Drugs Original Policy Date: February 4, 2022

Subject: Recorlev Page: 3 of 4

- Surgery was not curative, or patient is not a candidate for surgery [e.g., surgery on pituitary tumor, adrenal tumor, or tumor producing ectopic adrenocorticotropic hormone (ACTH)]
- 2. **NOT** being used for the treatment of fungal infection
- 3. Baseline liver function tests (LFTs) have been or will be obtained, and prescriber agrees to monitor for hepatotoxicity
- 4. Baseline electrocardiogram (ECG) has been or will be obtained, and prescriber agrees to monitor for QTc prolongation
- 5. If indicated, hypokalemia and hypomagnesemia will be corrected prior to initiating therapy
- 6. Prescriber agrees to monitor cortisol levels

Prior - Approval Renewal Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Endogenous hypercortisolemia with Cushing's syndrome

AND ALL of the following:

- 1. **NOT** being used for the treatment of fungal infection
- 2. Prescriber agrees to monitor for hepatotoxicity
- 3. Prescriber agrees to monitor for QTc prolongation
- 4. Prescriber agrees to monitor cortisol levels

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 750 tablets per 90 days

Duration 12 months

Section: Prescription Drugs Effective Date: October 1, 2024

Subsection: Endocrine and Metabolic Drugs Original Policy Date: February 4, 2022

Subject: Recorlev Page: 4 of 4

Prior - Approval Renewal Limits

Same as above

Rationale

Summary

Recorlev (levoketoconazole) is a cortisol synthesis inhibitor used 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 contains boxes warnings regarding hepatotoxicity and QT prolongation. As a result, LFTs and ECG should be monitored at baseline and during treatment in patients being treated with Recorlev. Recorlev also has warnings regarding hypocortisolism, hypersensitivity reactions, and risks related to decreased testosterone. The safety and effectiveness of Recorlev in pediatric patients less than 18 years of age have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Recorlev while maintaining optimal therapeutic outcomes.

References

1. Recorley [package insert]. Chicago, IL: Xeris Pharmaceuticals, Inc.; May 2023.

Policy History	
Date	Action
February 2022	Addition to PA
March 2022	Annual review
June 2022	Annual review. Per SME, revised initiation requirement from noncurative pituitary surgery to include surgery on adrenal tumor or tumor producing ectopic ACTH
September 2022	Annual review. Changed policy number to 5.30.081
September 2024	Annual review and reference update
Keywords	

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.