

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

Isturisa (osilodrostat)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Isturisa (osilodrostat)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Isturisa (osilodrostat) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has a diagnosis of Cushing's syndrome; **AND**
- III. One of the following:
 - A. Disease persists or recurs following pituitary surgery;
 - OR**
 - B. Pituitary surgery is not indicated or an option.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 14, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Fleseriu M, Biller BMK, Findling JW, et al. Mifepristone, a Glucocorticoid Receptor Antagonist, Produces Clinical and Metabolic Benefits in Patients with Cushing's Syndrome. *J Clin Endocrinol Metab*. 2012; 97(6): 2039–2049. Available from: <http://press.endocrine.org/doi/pdf/10.1210/jc.2011-3350>. Accessed on: July 14, 2020.
5. Katznelson L, Loriaux DL, Feldman D, et al. Global clinical response in Cushing's syndrome patients treated with mifepristone. *Clin Endocrinol (Oxf)*. 2014; 80:562-569. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4255292/pdf/cen0080-0562.pdf>. Accessed on: July 14, 2020.
6. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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