

Policy Name:	Isturisa (osilodrostat)	Policy #:	2839P
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Purpose of the Policy

The purpose of this policy is to define the criteria for coverage Isturisa (osilodrostat) for the treatment of Cushing’s Disease.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Isturisa (osilodrostat) under the Specialty Pharmacy benefit if the following criteria are met.

Criteria

1. Coverage Criteria for Cushing’s Disease

- 1.1 Diagnosis of Cushing’s Disease
- 1.2 Diagnosis of type 2 diabetes mellitus or documented glucose intolerance with supporting test results
- 1.3 Documentation that the member underwent a surgical procedure which was not curative or that the member is not a candidate for surgery
- 1.4 Age 18 years or older
- 1.5 Ordered by, or in consultation with an endocrinologist (hormone doctor)

2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit

CPT Codes

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HCPCS Codes

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References

1. Isturisa (osilodrostat) [prescribing information]. Lebanon, NJ: Recordati Rare Disease, Inc; March 2020.
2. Nieman LK, Biller B, Findling JW, et al. Treatment of Cushing’s Syndrome: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2015;100:2807-2831.
3. Fleseriu M, Auchus R, Bancos I, et al. Consensus on diagnosis and management of Cushing's disease: a guideline update. Lancet Diabetes Endocrinol. 2021 Dec;9(12):847-875.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.