Commercial/Healthcare Exchange PA Criteria

Effective: June 3, 2020

Prior Authorization: Isturisa

Products Affected: Isturisa (Osilodrostat) tablets

Medication Description: Isturisa is a cortisol synthesis inhibitor indicated for the treatment of adult patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative. Isturisa is the first FDA-approved drug to directly address the overproduction of cortisol by blocking the enzyme known as 11 beta-hydroxylase and preventing cortisol synthesis.

Cushing's disease is caused by a pituitary tumor that releases too much adrenocorticotropin, which stimulates the adrenal gland to produce an excessive amount of cortisol. Cushing's disease can cause significant health issues, such as high blood pressure, obesity, Type 2 Diabetes Mellitus, blood clots, bone loss and fractures, a weakened immune system, and depression.

Covered Uses: Cushing's disease

Exclusion Criteria: N/A

Required Medical Information: Diagnosis

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, an endocrinologist.

Coverage Duration: 12 months

Other Criteria:

Approve if patient has met the following criteria:

a. Patient has a diagnosis of Cushings disease; **AND**
b. Pituitary surgery is not an option, or has not been curative

References:

1. Product Information. ISTURISA ®. Recordati Rare Diseases, Inc (per Manufacturer), Lebanon, NJ USA 08833
2. Endogenous Cushing Syndrome. Available at: https://emedicine.medscape.com/article/2233083-overview. Accessed May 12, 2020
3. Available at: http://clinicalpharmacology.com. Accessed May 18, 2020

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/3/2020