

**ISTURISA
(osilodrostat)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Endogenous hypercortisolemia in Cushing's syndrome

AND ALL of the following:

- a. Surgery was not curative, or patient is not a candidate for surgery
- b. Baseline electrocardiogram (ECG) has been or will be obtained, and prescriber agrees to monitor for QTc prolongation
- c. If indicated, hypokalemia and hypomagnesemia will be corrected prior to initiating therapy
- d. Prescriber agrees to monitor cortisol levels
- e. Prescriber agrees to monitor for hepatic impairment

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Endogenous hypercortisolemia in Cushing's syndrome

AND ALL of the following:

- a. Prescriber agrees to monitor for QTc prolongation
- b. Prescriber agrees to monitor cortisol levels
- c. Prescriber agrees to monitor for hepatic impairment



**BlueCross
BlueShield**

Federal Employee Program.

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Prior - Approval *Renewal* Limits

Same as above